THE

# MEDICAL BULLETIN

A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY

VOL. XIII. PHILADELPHIA, OCTOBER, 1891. No 10.

## SELECTION.

### *AMAUROSIS FROM CARCINOMATOUS AUTO-INTOXICATION.**

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A DOCK-LABORER, 54 years of age, was brought to my polyclinic the 18th of February. Three days previously, while with some friends in a public house, "everything went dark before his eyes." No obvious cause could be assigned for the attack. No giddiness or loss of consciousness had preceded the extreme and persistent visual disturbance. He had neither headache nor fever, nor had he experienced any unusual sensations. He was merely weakened, and for awhile excited from mental distress in regard to his loss of vision. According to his history he had suffered eight and twelve years before from "rheumatic fever," and four or five years before from "pains in his bones," since which time he had constantly remained in good health. For some time past, however, and especially during the last winter, he had suffered from morning vomiting. He was not a regular drinker, and had very seldom been intoxicated. The patient had a decidedly cachectic look, but otherwise there was nothing remarkable about his appearance. There was no paralysis, no disturbance of sensibility, no ataxic symptoms; his speech was somewhat hesitating, but his wife affirmed that that had always been the case.

Abdominal palpation led me to suspect the presence of a small tumor, perhaps a gastric carcinoma, although I was not able to form a positive opinion. There were no symptoms of diabetes or Bright's disease.

Examining his visual power, I found that with the right eye he could perceive the finger at a distance of two feet, with the left at a distance of three or four feet, and that he could distinguish colors. The borders of the field of vision were clear. The pupils reacted promptly. The eyes were absolutely free from irritation. The ophthalmoscope revealed a normal fundus. Iodide of potassium and hot foot-baths were ordered.

On the following day the impairment of vision was more decided, and on the 22d of February was so dim that the man could only recognize movements of the hand. Still, the pupils reacted well. On the 1st of March there was absolute amaurosis. The pupils were fixed and dilated. The ophthalmoscopic appearance remained unchanged, though the entire fundus was perhaps a little paler than it had been. The patient was very weak and failing, extremely pale and cachectic in appearance.

This was the last time I saw the man. A fortnight later I learned from Dr. Eisenlohr that the patient had in the meantime been brought, in a comatose condition, to the new General Hospital where he had soon died. Dr. Eisenlohr very kindly placed at my disposal the optic nerves, together with a posterior section of the eyeball, the history from the hospital journal, and the account of the autopsy. From the history I learned that on the afternoon of the 6th of March the patient had been received into the hospital. Placed in bed, he rolled about constantly; the aimless movements of hands and legs were

* Translated for the MEDICAL BULLETIN from Beiträge zur Augenheilkunde, von Prof. R. Deutschmann, in Hamburg. Hamburg u. Leipzig, Verlag von Leopold Voss, 1890.

alike on both sides; the body was cool, especially the forehead and nose; he groaned repeatedly; once he called out, loudly, "Yes, what is it?" The eyes were in active and symmetrical motion, the pupils fixedly dilated. There was no paralysis; the tongue was drawn to neither side; the heart-sounds were clear, soft, and rapid. A minute ophthalmological examination revealed nothing of note. The patient's wife reported that on the 4th of March her husband, while in bed, had been suddenly seized with convulsions, for the most part of a clonic character. Upon the following day he slept most of the time, but was conscious when awake, and the features were not distorted. On the 6th of the month the convulsions returned, leaving him in the condition above described. On the day after he was admitted to the hospital the patient appeared to be the subject of lively hallucinations. The movements of the eyes were free, a transient strabismus often appeared, there was an active nystagmus, the pupils were contracted, the jaws moved as if in the act of mastication, and there seemed to be an inclination of the head toward the left side. He vomited repeatedly; the corneæ were opaque, probably on account of imperfect closure of the lids. Owing to the active tension the patellar reflexes could not be evoked. Cutaneous reflexes were preserved. On the 8th, the patient was rather more calm, and the sensorium was at times unaffected. When addressed he replied "I am doing very well." He seemed to be entirely amaurotic; the abdominal and cremaster reflexes were present. The vomiting persisted, and death took place in the evening.

The following were the results of the post-mortem examination: When the skull was opened a quantity of clear fluid escaped; the cerebral pia mater was œdematous and somewhat opaque; the vessels everywhere unadherent. There were small superficial extravasations in the right occipital lobe without alteration of the brain-substance. The entire brain was very anæmic, but absolutely devoid of alteration. The same was the case with the cranial nerves. The optic tract, chiasm, and optic nerves were normal. The nerve-sheath was not dilated, the ventricle scarcely enlarged. At the apex of the left lung was a cheesy spot the size of a marrowfat-pea; the left lower lobe and a portion of the upper were very œdematous. Upon the right side were several spots of broncho-pneumonia. The right lung was likewise œdematous. The spleen, kidneys, and liver were normal. Upon the smaller curvature of the stomach was a young, soft, superficially-ulcerated carcinoma the size of a hen's egg. A slight and superficial hæmorrhage was found at one place upon the greater curvature.

No alteration of the optic nerves or of the posterior section of the eyeball was found, upon microscopical examination. In other words, the serious visual disturbance which has been described had been unconnected with any objective lesion during the life of the patient, or with any structural change, as demonstrated by the autopsy. The section of the brain gave entirely negative results, both as regards the affection of vision and as explanatory of death preceded by a condition of coma. The only positive fact revealed by the autopsy was the existence of a cancer of the stomach. Now, does this discovery explain the occurrence of blindness? I believe, indeed, that it does, and the cerebral symptoms as well. In the thirteenth issue of the "Charité Annual" (1888) is a paper by Oppenheim "On Cerebral Symptoms in Cancer without Apparent Cerebral Lesions." The author thus expresses himself: "Another conception prevails in relation to those diseases of the nervous system which run an acute and fatal course with demonstrable anatomical alteration, among which may be named acute delirium, fatal acute hysteria, Landry's paralysis, and other symptom-groups which have not yet been designated by definite titles. In regard to these or, at least, a great part of these forms of disease, the theory that they are of infectious or toxic origin has continued to gain ground.

The notable advance of late years in a knowledge of the exciting causes of disease, micro-organisms and their poisonous products, has applied as well to our appreciation of the etiology of diseases of the nervous system. The first mode of investigation attempted, by which it was sought to discover the pathogenetic microbes in the nervous system itself, proceeded upon the assumption that the symptoms were the direct consequence of the invasion of the microbes themselves, but this method has, for the most part, yielded little result. But the researches with which the name of Brieger is closely connected, and which relate to the toxic materials generated by micro-

organisms and their influence upon the economy, have opened new routes to a knowledge of the origin and foundation of groups of morbid nervous phenomena." Oppenheim gives the particulars of one of his cases, which bears a resemblance to that which is the basis of this paper: "In a woman who suffered from cancer of the stomach there developed, eight days before her death, and in the course of twenty-four hours, an almost complete aphasia, with paralysis of the right half of the body. The aphasia was in so far incomplete that the memory for words was not entirely lost. No anatomical foundation for the symptoms could be found at the autopsy, nor could any material alterations be detected upon a careful microscopical examination of that portion of brain which is usually the seat of disease when the above symptoms occur." Concerning deranged vision, Oppenheim mentions but one doubtful instance of homonymous hemianopsia. After a study of his own cases Oppenheim finally concludes: "From a consideration of all the facts I believe, though I am free to admit the hypothetical character of the conception, that the brain had become the seat of a toxic disease engendered by the carcinoma." In the same memoir he writes that the "poisonous products of tissue-change exercise a paralyzing influence upon certain portions of the brain without giving rise to tangible lesions." This view has since gained many adherents.

Klemperer and Müller (of Bonn), as a result of their own investigations, maintain that the origin of the general cachexia, which may be quite marked even in the case of small, cancerous growths, is to be found in an auto-intoxication with deleterious products of tissue-change. The occasional occurrence of a carcinomatous coma, which resembles uræmic coma, tends to support this theory.

I believe that such a conception offers the best explanation of the case which I have just reported. An extremely cachectic patient was suddenly attacked by a disturbance of vision in both eyes, amounting within a few days to absolute blindness, without any discoverable change upon examination with the ophthalmoscope. Next appear convulsions, followed by coma, in which the patient speedily dies. The only positive result of the necropsy is the discovery of an ulcerated gastric carcinoma the size of a hen's egg. The relationship to uræmic amaurosis appears very close. As, according to Leber, in the latter manifestation, after a brief period of slight diminution of visual capacity total blindness may suddenly appear; so it happened in my case. Previously normal vision was abruptly reduced to a range of a few feet, and after several days total amaurosis ensued with fixed and dilated pupils. Ophthalmoscopy revealed nothing. The amaurosis followed convulsions and coma.

None doubts to-day that the final cause of uræmic manifestations is the retention within the organism of urinary constituents. These produce a general intoxication, upon which depend the cerebral symptoms of the condition.

I have no hesitation in drawing a parallel between uræmic amaurosis and that observed in my case, which latter I look upon as due to auto-intoxication in consequence of the gastric carcinoma. The blindness was, in fact, a toxic symptom equally with the convulsions and cancerous coma.

# ORIGINAL COMMUNICATIONS.

## *A BUSINESS ASPECT OF MEDICAL PRACTICE.*

By WILLIAM M. CAPP, M.D.,
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IN spite of all that has been said latterly about the ranks of the profession of medicine being overcrowded, a reasonable doubt upon the subject may be entertained. It is true that medical colleges have multiplied throughout the land, and that their count of graduates increases year by year; but it is doubtful whether it can be shown that the increase is in greater ratio than that of the population. Colleges and universities also have increased in number, and the old idea still prevails in some quarters that a collegiate education is primarily only a stepping-stone to a professional life. This keeps up a full supply of students at the medical schools; for it cannot be doubted that the standard of the required previous education is raised to a far higher point than formerly. This is as it should be, and gives promise that in the future still greater attainments in the way of acquired knowledge and powers of accurate observation and clear, logical thinking will be exacted as qualifications for matriculation in the medical schools. This does not necessarily imply a classical education, but it necessitates a distinctly practical training of the intellectual

faculties; and if that result can be best attained by the time-honored academic course, none would rule it out. While for breadth and scope the anciet classics offer traditional advantages, there are many eminent educators of our day who see in the body of modern philosophy and the vast mass of scientific facts which modern research has accumulated not only the means of the most thorough, aggressive, and practical education, but recognize also the fact that the ground they traverse is so extensive that the earnest student, to compass it, must needs find himself fully occupied, and without time to stray into the attractive fields of other literature, delightful, ancient, and refined, but lacking in the practical requirements of our modern times.

But whether the physician attains to an acceptable efficiency in his profession by the help of an education in the classical or the modern way, he may, other things being equal, take rank in intellectual and social circles where education gives standing, and he is often tempted to infer that it will be necessary for him to adopt a scale of living which requires resources of cash income greater than beginners usually can draw from practice. He will soon learn, however, that financial ability is not necessarily attached to social privilege. But, after all, the physician does not pursue his special studies through some of the most important years of his life merely for social position. Higher aims than that must inspire him with the courage of application needed to gain honor and respect. If that application is absent, and if a certain tact is wanting in his intercourse with his fellow-men, he will, by the operation of natural laws, fall behind in the matter of financial success; for it would seem that, in a business point of view, his success or failure is governed by the same rules which appertain to all other departments of fortune-winning. The whole question of overcrowding resolves itself into a question of the ability of the doctor to gain a livelihood from his profession, and that is governed largely by the financial circumstances of the patients who seek his attention. This at once introduces the business aspect of professional practice, and calls attention to its financial side. The proportion of educated men in the profession is relatively larger now than formerly, and there seems to be no doubt that, in the cities, at least, a feeling prevails that they must maintain an appearance of affluence, even though it be fictitious. How delusive this idea is is sorrowfully realized by many a young man who has rented a high-priced office on a prominent street, and, amid his handsomely-furnished surroundings, has waited drearily for the patients with heavy purses who never come. To the load of his disappointment is added a burden of debt, which is doubly galling when he considers how ill advised was its careless assumption. It would have been better if he had truly gauged the situation, and endeavored in some way to accommodate himself to it, rather than to fondly cherish the delusion that it would change to meet his wants.

As society becomes more highly organized, classes and grades multiply, and it is quite certain that the members of the professions will, like all others, be differentiated, and ultimately settle, each into his appropriate and congenial group. There can be no standard of style in living which will apply to all physicians. The scale must vary according to the income and tastes of the individual, and there will be grades. Of the physician it may be as truly said as of the clergyman, that he is entitled to as good a living as the average of those among whom he serves, and he rarely gets a better.

Within a very recent period a number of prominent medical journals have debated editorially whether a poor man should ever take up the study of medicine, and some have led their readers to infer that he should not, because of the impossibility of his earning a living for some years, even if he should be so fortunate as to succeed afterward. An eminent practitioner in Philadelphia, recently deceased, who took much interest in young physicians, and gave much attention to this general subject, used to say he did not believe that more than one in ten doctors in active practice were able to live upon their professional incomes alone, and that a general practitioner, to collect a moderate income, would require five hundred families on his list. Upon this basis, the recent graduates who consult the medical registers and the census returns, to discover the most promising place in which to settle and begin practice, will find that every city and town of the land is greatly overstocked with doctors.

Of course, the difficulties in the case are greatly increased by the vast amount of free medicine and free medical attention which are

given indiscriminately in the hospitals and dispensaries, which by their rivalries and persuasive attractions have rendered a shameless acceptance of charity quite a common thing on the part of many fully able to pay for what they get. This is an abuse of the benevolent and the beneficent impulses of a charitable public, and should be stopped by a combination, if necessary, of physicians, hospitals, those who so lavishly contribute funds, and all who in any way aid in making possible the continuance of the evil practice. Nothing can be said in its favor, and it is injurious to both doctor and patient. Such odds tell very perceptibly against the doctor who is indisposed or unable to work without fair compensation. Meanwhile the important question for him is, what is he to do to prevent himself being driven to the wall? What course shall he pursue under the circumstances as they exist?

Like all customs, this willingness to unnecessarily accept charitable aid had reasons which seemed to justify it at the start, and among them are the readiness with which medical aid is offered—almost urged—for acceptance and the inability of a very large class of the worthy poor to pay the usual charges of the druggist and the doctor. They earn scanty wages, and, even with careful management, are unable to save anything to meet the extra expenses of sickness. They are practically unable to pay the extras of living, though they do provide for the ordinary expenses, and to that extent, at least, are relieved from being classed as paupers. They form a very large class of the community, and must make up a considerable part of every doctor's patients. If free medical aid was not so easily obtained, they doubtless might manage to pay somewhat for it, and in doing so would morally better their own condition.

Probably the best way for the beginner in medicine without outside means would be to meet the state of affairs in a business like way. It might not be so agreeable for him to locate his office on a side street, or up an alley-way, or over a shop in the immediate neighborhood, and with surroundings corresponding to those of the majority of his patients, but it would be putting his business-stand in the most convenient place for his customers, and his living expenses upon a scale which could be met by the professional charges he will probably be able to collect. If the druggist would not cooperate in this attempt to meet the requirements of the situation, by abandoning his expensive and gaudy store for a modest and cheap shop in a similar neighborhood, the doctor might add to his own revenue and serve his patients more cheaply by keeping a supply of drugs and by compounding the medicines which he prescribes. There is nothing innate in the apothecary's business, nor in the practice of the physician, which necessitates costly quarters or expensive paraphernalia, or showy methods which are beyond the ability of the customer to pay for.

## *PERITONITIS.*

By CHARLES H. RICHMOND, M.D.,
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IT is not my purpose in this article to cover the entire ground of—to say all that may be said upon—the subject of peritonitis. The text-books have already discussed it in all its bearings. I desire simply to call attention to the difficulties of differentiation in certain cases, and suggest rules for guidance in the treatment of special conditions. My experience has been confined mostly to private practice, in cases of my own or those of neighboring physicians with whom I have been associated.

The successful treatment of any form of peritoneal inflammation must depend to a great degree upon a knowledge of its exact character, both as regards locality, extent, and causation; so that, on visiting a case giving suspicion of peritoneal inflammation, it will be well to be able to answer the following questions:—

1. Is it a case of peritoneal inflammation?
2. The fact of peritoneal inflammation being established, is the affection general or thus far only local or circumscribed?
3. If localized, what is the location and its probable extent?
4. From what cause does the affection arise?

It may be necessary to consider all these questions before any one can be answered positively, and even then it may be difficult to answer any one. If one can be answered positively, a strong clew is often obtained for answering the others.

Most cases are at first local, and gradually become more or less general by extension, by means of continuity of structure, or by septic absorption. If, however, it is one designated as of septic origin, or more properly one arising from a great exposure to sepsis, such as

is obtained in intestinal wounds, the rupture of an abscess into the peritoneal cavity, and the like, the inflammation almost at once becomes general and pursues a rapid course. A typical case of general peritonitis may be described as being attended with pain or distress across the abdomen, a temperature of about 100°, possibly increasing to 102°, occasional vomiting, a furred tongue, pulse slightly increased in frequency, a more or less anxious countenance with lines across the forehead, and constipation.

The bowels soon become tympanitic, which gradually increases until sometimes they become enormously distended without the passage of flatus. The patient often feels as though a movement of the bowels and a free discharge of flatus would relieve him of further trouble. Oftentimes the symptoms present are so slight that the patient is deceived with regard to his condition, and the physician likewise, unless experienced, will overlook the gravity of the case. This point I wish to emphasize. I think, in the majority of cases which terminate fatally in the course of a week or ten days, the symptoms are so mild at the beginning that the gravity of the case is liable to be overlooked, and more especially if the symptoms have been ameliorated with opium. I do not wish to speak against the employment of opiates in the early treatment of the affection, but the quieting influence of the treatment is to be borne in mind when noting the intensity of the case. Tenderness on pressure is frequently noticed, and the point of greatest intensity is especially to be taken into account. In traumatic cases the symptoms are usually mild at first, but the case runs a rapid course, about thirty-six hours being the usual duration. Another class of cases is characterized by a greater rise of temperature in the beginning, and the degree of localized pain and tenderness is variable. In these cases the temperature will sometimes fall after a few days, notwithstanding the presence of a semi-purulent collection.

In discriminating between a more or less general inflammation and one limited to a circumscribed locality, it will be observed, as a rule, that in the latter the local symptoms will become intensified without a corresponding increase in the symptoms of the general trouble. The constipation will be less obstinate, the vomiting less persistent, and the tympanites is usually less extreme Still, it cannot be said at any time that the local condition may not have become more or less general. If, in appendicitis, in addition to the maximum of tenderness on pressure being at the "McBurney point," drawing up of the limb of the corresponding side and tolerably high fever, there be tumefaction in the iliac region, the inflammation is not only thus far localized, but is likely to remain so on account of the plastic wall that is formed, which seems to prevent the spread of the inflammatory process and to guard the cavity from absorption of septic material. That it is not always easy to determine when the case ceases to be a local trouble and has become general will be illustrated by the following cases:—

In a patient of mine, a woman 64 years old, pain and tenderness were developed in a line drawn from the umbilicus to the superior iliac spine, about two and a half inches from the ilium; the right limb was drawn up, vomiting was occasional, the abdomen somewhat tympanitic, and the temperature 103°. The temperature and tympanites increased a little after the second day. The abdomen was opened seventy-two hours from the onset, when general peritonitis was found to exist with the greatest intensity at the head of the colon. The appendix was not swollen nor apparently diseased beyond a little redness of its lining.

A woman aged 49, a patient of mine, presented the same symptoms as were noted in the former case, except in the temperature, which did not rise above 101°. On opening the abdomen, forty-eight hours after the beginning of the trouble, I found the appendix apparently normal. A thin-appearing spot about the size of a silver dime was noticed on the anterior aspect of the colon, near the origin of the appendix, seeming to contain a concretion. Peritonitis was general, with the greatest intensity at the head of the colon. I will remark *en passant* that I tied and cut off the appendix, pressed the hard lump into the intestinal canal, and sewed up the thin spot lest it might rupture. The patient made a rapid recovery.

A young man 20 years old, a patient of Dr. Guinan, of Lima, N. Y. (now of Rochester), was attacked with peritoneal vomiting, pain in the abdomen (rather more severe on left side than elsewhere), and a temperature at about 100° on the second day of illness. I saw the patient forty-eight hours after the be-

ginning of the attack. The abdomen was bloated and tympanitic over the upper part, but hard and flat over the left iliac region. A hard fullness was felt here on pressure. The general condition of the patient seemed very bad, the pulse being very frequent and irregular. A hasty consultation with Dr. Bennett, Dr. Strasenburgh, and Dr. Guinan, resulted in the conclusion that the patient was probably suffering from intussusception, and that if he could hold up until the gut could be straightened out he might possibly rally from this present shock. The abdominal cavity was opened near the left border of the rectus muscle. An intensely inflamed peritoneum was found, but there was no intussusception. The patient bore the anæsthetic badly, and died before the completion of the operation. I laid the abdominal cavity widely open, and found the inflammation very intense throughout the entire extent of the peritoneum; the appendix contained two pieces of fæcal matter; there was no local abscess or ulceration, so that the etiology of the case remained in doubt, although it was caused presumably by the fæces imbedded in the appendix.

In these three cases general peritonitis existed when the symptoms seemed to warrant the opinion of local trouble only.

It is not necessary to enumerate the many causes of peritonitis. It is probably due, in most instances, to some sort of sepsis, but certainly not always. In most cases following injury, septic invasion is probable. In stabs and gunshot wounds the source of the poison is obvious enough, and possibly, also, in contusions in which there is no known communication with anything septic than, maybe, a more ready absorption from the intestinal contents, in consequence of a change in the nutrition of the part. When death follows abdominal injuries, it undoubtedly takes place, in many instances, from shock, rather than from peritonitis, the same as a hard blow on the epigastrium, or a hearty drink of ice-water when the body is heated, may induce sudden death. When peritonitis follows the introduction of septic matter following childbirth or operations upon the uterus, the nature of the process is usually sufficiently clear; when, however, it complicates menstrual derangements and ovarian inflammation, it is not always so apparent. It is undoubtedly true that general peritonitis may follow menstrual derangements in cases in which there can be no suspicion of septic invasion. These cases frequently eventuate in chronic peritonitis with effusion. Encroachments of growing tumors, tubercular and cancerous deposits, before degeneration has taken place, may produce the same.

In far the greater number of cases in which the source of peritonitis is not apparent, it is due to appendicitis or inflammation at the head of the colon. In cases occurring among girls at or near the time of menstruation, there may arise grave doubts in the differentiation. In these cases, the local tenderness in the pelvis and region of the ovary, which is lower than the point of greatest tenderness in appendicitis, will usually reveal the source of the trouble. Vaginal or rectal examination may assist in the differentiation.

The treatment may be either medical or surgical, according to the nature and gravity of the case. Traumatic cases usually require early operative procedures before the inflammation has fairly begun. All cases of gunshot and stab wounds involving the abdominal cavity require immediate exploration, under strict antiseptic precautions, in order to ascertain if a wound of the intestine exists, and, if so, to close it. Should there be necessity for excision with anastomosis, the ends of the divided intestine may be brought out of the wound, fastened *in situ*, and dressed temporarily with gauze and cotton, completing the union of the gut when the patient recovers from the shock and complete arrangements are effected. I, in like manner, on one occasion, dressed the parts in the case of a suicide, and in whose case I had to remove six feet of intestine, but the patient did not survive the shock of the injury.

The rules governing operative procedures in non-traumatic cases are not yet fully established, especially with regard to cases following labor. In the latter class of cases, I can say nothing of laparotomy, from personal experience; and now that antiseptic precautions are becoming more generally employed in the conduct of labor, puerperal peritonitis is becoming correspondingly more rare. It would seem, in a well-established case of puerperal peritonitis, with an early diagnosis and the disease showing no tendency to yield, that laparotomy, together with thorough cleansing of the uterine cavity, would be the safer pro-

cedure. In these cases, as well as in cases depending upon appendicitis, the question of an operation affords occasion for great anxiety on the part of the attending physician.

In cases of probable appendicitis, the tendency, of late, has been to remove the appendix, and thus save further risk of general peritonits; not necessarily to forestall the breaking of an abscess into the peritoneal cavity, but also to prevent the further extension of the inflammatory from a local condition to one more general. The appendix lies wholly within the peritoneal cavity, but, when inflamed, it usually soon becomes adherent to the parietal peritoneum, and plastic matter is thrown out to protect the cavity from invasion, so that when the primary abscess is discharged it is accomplished by giving way, by necrosis, of the parietal layer, the abscess thereby becoming extra peritoneal, with but little tendency to discharge its contents into the peritoneal cavity, except in cases in which the appendix, in its natural location, is upon the posterior aspect of the colon, or, at least, not in contact with the parietes. The inflammation may, nevertheless, travel along the peritoneum, so gradually assuming a general peritonitis that the line of division would be arbitrary. As a rule, when the plastic deposits are so great in amount as to occasion an obvious tumefaction distinguishable from fæcal accumulations, there is but little tendency to the spread of the inflammation, and time may be taken for the abscess to develop, when it may be opened without invading the peritoneal cavity. In ordinary cases of appendicitis without tumefaction, it may be said that some cases are simply an inflammation, without much tendency to the formation of a local abscess. These may yield to medicinal treatment, even if the inflammation has spread to the general peritoneum. Such cases are usually marked by a milder set of symptoms from the first. But, while a certain proportion of cases will thus recover, it is impossible always to know, in the beginning, which will and which will not recover; and, when the case is far enough advanced to establish that question, it is likely to be too late for surgical interference to prove of avail. In view of this fact, it has been deemed best by many to operate as soon as the diagnosis is made, inasmuch as the chances of surviving an operation are better than in trusting to arrest of the disease by other means. Mr. Tait is of the opinion that a laparotomy *per se* is a curative agent in peritoneal inflammation by setting up a change of physiological action, which restores the parts to a normal condition. Some of my cases have seemed to support this view.

The course which I have endeavored to follow has been to administer opiates early. If under this treatment the patient should grow somewhat worse during the ensuing twenty-four hours,—say forty-eight hours from the onset,—I would then perform laparotomy. If, on the other hand, the disease seemed to be held in abeyance, and especially with a subsidence of the temperature, my plan has been to wait. Slight symptoms from the beginning, with a temperature at 100, or less, if held in check, are indications for waiting. The sudden onset, with marked pains, etc., even with a low temperature, in persons past middle-age, particularly if having been troubled with digestive derangement or diarrhœa, suggesting the probability of perforation from some intestinal ulceration, calls for immediate laparotomy, for such cases usually run a rapid course. In considering whether the condition is improved or not by treatment the temperature is the best guide, for the pain and tenderness may subside while the disease is progressing. Nevertheless, if vomiting persist and bloating increase, the disease is progressing even if the temperature fall.

When medicinal measures alone are to be employed, I regard opiates of the greatest importance. Saline laxatives or cathartics are of but little use in idiopathic cases not depending on accumulation of fæces in the head of the colon, however useful they may be in cases following operations. Besides the uncertainty of action on account of paralysis of the muscular coat of the intestines, they are often harmful, if carried beyond a certain point, by their irritating effects. Warm applications are quite generally employed, although I think they are of doubtful utility. Ice is recommended, but I cannot speak from experience of its benefits. Possibly, in cases following laparotomy, it may prove beneficial. A tube introduced into the rectum is often attended with great relief by the discharge of flatus through it. Turpentine enemata may assist in its expulsion. I wish to speak against aspiration for the relief of tympanites. The holes made by the needle are likely to remain

patulous and occasion leakage on account of the lack of sufficient tone on the part of the intestinal wall to effect closure. I have demonstrated this during an operation and been obliged to sew up every opening made. The possible need of the catheter must not be overlooked.

Operative procedures may be of four classes: 1. Immediate laparotomy through the linea alba in cases of intestinal wounds and in those of supposed perforation, for the purpose of cleansing the peritoneal cavity and closing rents. 2. A laparotomy performed in the same manner whenever thought best in puerperal cases and those of unknown origin. 3. An early operation,—within 72 hours,—in appendicitis or typhlitis. 4. A late operation in perityphlitic abscess,—any time after five days. In the third class the peritoneal cavity should be opened to the right of the right rectus muscle, and the nature of the difficulty ascertained. It is well in these cases always to find the appendix and remove it on the slightest suspicion, for its removal will at least obviate future trouble. I make a fourth class because after five days, if the case be appendicitis or typhlitis, a perityphlitic abscess most likely will have formed, in which case the incision should be made parallel with Poupart's ligament, the operator being careful to keep outside the peritoneum. The ulcerated appendix should be tied and amputated, but if not readily found it is not well to make much search for it. Should there be a visible communication with the caput cali it should be closed, as should likewise any point seeming likely to ulcerate through be turned in and sewed up. An effort on the part of nature to effect discharge into the bowel makes an ulcerative condition probable after a few days. Aspiration to determine the presence or absence of pus is a dangerous procedure, lest a coil of intestine be pricked or the needle peradventure perforate a fold of peritoneum. In either case infection of the peritoneal cavity would be probable. If an operation is decided upon between the third and fifth days it would then be safe to keep outside the peritoneal cavity until the absence of a perityphlitic abscess should be demonstrated, when the peritoneum might be opened and search made for a swollen appendix.

A case of general peritonitis may terminate in resolution, and yet an abscess apparently be developed later in the iliac region. Within the past year I successfully operated in such a case in association with Dr. Strasenburgh, of Lima, N. Y., and I have elsewhere* reported a case of "Intestinal Anastomosis of Fæcal Fistula," the abscess visibly appearing months after the resolution of the general peritoneal inflammation.

The results of laparotomy, especially within forty-eight hours from the beginning of illness in good subjects, are very satisfactory and will usually save life in cases otherwise, to say the least, very uncertain. The results of operation for perityphlitic abscess are equally satisfactory. On the other hand, the later operations in general peritonitis are less successful, are more difficult to perform, and the distention of the intestines by the strain upon the stitches causes great discomfort to the patient and interferes with perfect union of all the parts. I cannot speak from experience of success likely to attend laparotomy in tubercular peritonitis. It is thought by some that sunlight admitted into the abdominal cavity will destroy the bacillus.

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## *A CASE OF POISONING FROM NORWAY SPRUCE.*

By L. M. HOUSER, M.D.,
PENNSYLVANIA FURNACE, PA.

THE following case, which to me appeared interesting, as well as puzzling, in the way of diagnosis, I thought might be of sufficient interest to the profession to entitle it to a place in your columns. It certainly is a singular case, and one such as is seldom met with in practice, and is as follows:—

About 10 o'clock one evening I was called in great haste to see a child 8 years of age, a little girl, the messenger telling me that the blue part of her eyes was gone, and she was crazy. When I got there, sure enough, the child was running through the house at a fearful rate, seeing white rats, mice, reaching in her pocket and declaring there were eggs in it. She evidently could not see real objects, but saw many imaginary ones, for she would run against any chair, stove, or anything in her way. On examination I found temperature normal, tongue clean, and history of having been quite well all day until several hours previous to my visit. The pupils were very much dilated—as much as I ever saw under the use

* New York Medical Journal, Dec. 20, 1890.

of the most powerful mydriatic. Here was a case difficult to diagnose, and I thought of the various poisons she might have eaten to produce such an effect. Belladonna or stramonium might have done it, and I saw some stramonium growing in front of their house; but as there was evidence of considerable genito-urinary irritation, causing her to urinate very frequently, I came to the conclusion it was something else. On inquiry of her mother I learned that in the evening she came in chewing some wax from a tree in the yard. Procuring a light, I examined the trees, and the only one on which I could find any excretion was a Norway spruce (*Abies excelsa*), and saw where some had been removed. I was satisfied that the trouble was a turpentine intoxication, and that a rather small amount had caused very alarming symptoms; at least, to the parents. I gave her a soothing diuretic, and told the much-alarmed parents it would restore her former condition, and found her well in the morning, but the pupils remained somewhat dilated for several days.

## *GUNSHOT WOUND OF THE HEAD.*

By H. Y. NEIMAN, B.S., M.D.,
POTTSTOWN, PA.

ON the 10th of May, 1891, Mr. William O., aged 23 years, in company with another young man (a brother-in-law), indulged in target-shooting with a muzzle-loading musket or old shot-gun. After putting in a very heavy load of powder and shot, Mr. O. proceeded to fire at the target, which had already been put up by his companion. By all appearance the gun was overloaded or overcharged, as the load came out at the breech end, driving the breech-block of the gun into his head through the frontal bone and membranes of the brain, and even into the brain-substance itself, producing a very bad and serious wound and a concussion of the brain. The man was unconscious for probably twenty minutes or half an hour previous to the arrival of surgical aid. After removing him to his house, several hundred yards from where the accident happened, Drs. W. J. Ashenfelter, L. F. Wagner, and myself were hastily summoned. When we arrived at the bedside of the wounded man, we found that the whole breech-block had entered the head and brain in the centre of the frontal bone. The block of iron was so tightly fixed in the bone that we experienced a great deal of trouble, and brought a great deal of force into play in its removal. We used an ordinary incisor extracting-forceps to remove the piece of iron. It required more force to remove it than to extract or draw an ordinary nail from an oak plank. The opening left after its removal was nearly two inches in depth. The block or piece of iron was 1½ inches in breadth and 1⅞ inches in length; in circumference at the largest part it was 3 inches, and at its smallest 2½ inches. We removed a number of small fragments of bone, the largest piece of which was ½ inch in length. The meningeal membranes were found to be lacerated, and the brain-substance also more or less injured as the result. During the removal of the block and fragments of bone the patient was entirely conscious, but was very weak, and complained of a great deal of pain in the head. The wound was washed out and cleansed with an antiseptic solution of the bichloride of mercury, 6 grains to the pint. The edges were brought together by means of a stitch of iron-dyed silk, leaving sufficient opening for the wound to drain and discharge. The patient experienced considerable pain in the head for the first week or ten days; this was controlled with morphia per rectum. The wound was kept dressed antiseptically, and the patient kept in the recumbent position for over three weeks; was also kept on a mild and regulated diet.

There was very little hæmorrhage, either before or after the accident and removal of the foreign body.

After the expiration of four weeks he was allowed to walk about the house and yard. At this time he still experienced a little pain of the head when stooping.

The condition of the patient was at all times favorable after the first four or five days had passed. On the first day his temperature ran up to 102,° on the second day 102½°, third day 101½°, fourth day 100½°, fifth day 100°, and sixth day 98½°.

A number of fragments of bone were discharged from the wound several weeks after the accident, and one fragment was discharged through the posterior nares two months after the accident. This fragment was ¼ inch in length, showing very plainly that the bony structure was injured severely enough to produce more serious symptoms than what we met with in the case.

There was no delirium present at any time, and no fever after the eighth day.

At the end of four months the wound had entirely stopped discharging, and healed up. There is still a slight depression noticeable on the forehead at this time.

What proves this case interesting is, to my mind, the fact that we had no delirium, higher fever, and other symptoms frequently met with in injuries and gunshot wounds of the brain, similar to cases of this character, and similar to this case.

N. B.—There was a synopsis of this case reported and printed in the Medical Summary for July, 1890, wherein it was stated that the patient was not unconscious at any time previous to or after the accident. That is not correct, as the family informed the medical attendants afterward to the contrary.

## *FOUR CASES OF POISONING FROM WATER HEMLOCK, OR WILD HEMLOCK.*

By O. A. RHODES, M.D.,
Washingtonville, Ohio.

THIS plant grows in waste places and marshy districts, is about 3 to 5 feet in height, has a hollow stem, white flowers, and blooms in July and August. The root is bulbous. On Sunday, July 5th, I was called to see four boys who had eaten what they supposed to be sweet myrrh. They had partaken heartily of the roots about 12 M. I was summoned about 2 P.M. The boys had gastro-intestinal irritation and severe tetanic spasms, which were terrible to witness. Death seemed imminent, in at least 2 of the cases, from fixation of respiratory muscles. The treatment consisted of emetics and rectal injections, followed by enemas of potassium bromide. The convulsions increasing, in 1 case lasting five hours, hypodermatic injections of physostigma and chloroform inhalations were resorted to. The convulsions became less frequent, and finally ceased. The patients were given milk and bismuth subnitrate for a couple of days, and made an excellent recovery.

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Chlapowski reports the death of a woman from one 15-grain dose of salol. The patient became restless and unconscious, pupils dilated, pulse irregular, constant vomiting, urine dark, and containing salicylic acid. The case had been one of gastro-enteritis.—*Times and Reg.*

## *IMPACTION OF THE BOWELS CAUSED BY OLIVE-STONES.*

By RODRIGO PEREZ DE YARTO,
ACAMBARO, MEXICO.

A YOUNG man, aged 20, presented himself to me complaining of severe pain in the right iliac fossa. He had been under treatment for some days without having any relief. On examination, I found a hard tumor, consisting of several small nodulated masses. I pronounced it an impaction caused by some foreign body. From the history I was unable to know what it could be. After I inquired about the treatment, he informed me that they had used strong cathartics without any success, and had made matters worse. He had gone several days without being able to evacuate the bowels. As he was at my office, I thought to use electricity on him to see what would be the result. I applied the electrolyzer, and allowed a galvanic current of 8 milliampères to pass through. After he had it for a minute he felt some grinding pain and desire to defecate. He passed a very small quantity of fæcal matter. I advised him to go home and to bed, and, should he have a passage, to examine the fæces. One hour later I called on him, and learned that he had had an abundant passage, in which the nurse found four olive-stones. Pain had diminished considerably, and he was quite comfortable. I examined him again, and, although the tumor had diminished considerably, still I found some hard nodules. I prescribed an injection into the bowels, containing castor-oil, ℥j; infusion of senna, ℥iv; yelk of an egg, and half an ounce of olive-oil and glycerin. After he used the injection his bowels were moved again. On the third day I prescribed for him a small dose of sulphate of magnesia and the same injection; but this time it failed to have any effect, and he retained the injection. I left the house thinking that it would operate later.

Next day, when I called, I found that the injection was retained yet, and he was quite uncomfortable. This time, against the advice of some authorities, I prescribed him 1 drop of croton-oil made into 12 pills, and ordered him to take 1 every fifteen minutes until his bowels were moved. After he had used 5 of them he had a very abundant passage, and his bowels were moved twice that day. After this I used every night the same injection as above, and then stopped it for a few days. For the

first five days every passage contained olive-stones, and all of those that made the impaction were eleven in number. I continued using sulphate of magnesia every second day until the bowels were regulated. I was astonished that such an impaction did not produce more severe symptoms. There were no constitutional symptoms present, and only some of an obscure typhlitis. I was expecting from one moment to another the development of a sudden attack of peritonitis, but, fortunately, it did not make its appearance. The most marked symptoms were enlargement of the abdomen, tenderness over the tumor, and a very prominent tumor on the right iliac fossa where the tumor was situated.

On the fourteenth day I discharged him cured. Now it is about five weeks since, and he is in very good health. I report this case, as it seems to me that it is rare that such an impaction did not produce more mischief, and thinking it may be of interest to some of those who will read it.

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## *COPAIBA.*

By T. G. STEPHENS, M.D.,
SIDNEY, IOWA.

COPAIBA, vulgarly called balsam of copaiva, is an oleoresinous juice obtained from *Copaifera multijuga* and allied species. It is not the product of a single tree, but is drawn from more than a dozen of the genus Copaifera, growing in tropical regions in South America, and is found growing abundantly in Venezuela, New Granada, Guiana, Brazil, and some of the West India Islands. The first notice of this oleoresinous juice and the tree yielding it was given by Piso about 1648, being almost contemporary with the introduction of cinchona into Europe. Even when not adulterated, its medicinal virtues are not apt to be uniform, as locality, age, and species of the plants are liable to make a difference in its physical properties, color, odor, weight, or even its chemical character and composition. The young trees do not yield so often as the old ones, which yield as often as three times in a year, and exude as much as twelve pounds of the juice in three hours. The specific gravity of copaiba is less than that of water, varying ordinarily from 0.950 to 1000, but has been known to be as low as 0.916. Aside from the constant chemical variations of copaiba as found in the shops, it is often badly adulterated, especially in Europe, with faulty preparations; these fraudulent mixtures do not exist to the extent that they did a few decades ago, when a curious trial took place between the owners of certain premises in England that were burnt down and the governors of the Sun Fire-Office, in consequence of the latter refusing to indemnify the proprietor for his loss because the fire had been occasioned by his making balsam of copaiba. According to Hayne, the species from which the most of the copaiba of commerce is obtained is the *C. multijuga*, growing in the province of Para, and is now the one specially recognized by our national standard. It is considered by Bentham and Bolton a doubtful species. Three-fourths of the copaiba found in the shops now is said to be more or less adulterated. Gurjun balsam seems to be the popular adulterant, and, according to Roxburg, this liquid is obtained from *Dipterocarpus turbinatus*, a very large tree growing in Pegu and other parts of Farther India. Turpentine is also used for the same purpose. The general therapeutic properties of the different species of copaiba are the same. Its great virtue is in its power of removing specific ulcerations. In the suppurative stage of gonorrhœa more satisfactory results have been obtained from its internal use than from any other known remedy. The following is an excellent prescription in such cases:—

℞ Copaiba, . . . . . ℥vj.
Spts. ætheris nit. dulc., . . ℥iv.
Liquor. potassæ, . . . ℥j.
Tinct. aurantii, . . . ℥j.
Syrupi simplicis, . . . ℥iv.
Spts. lavandulæ co., . . ℥j.

M. Sig.: Teaspoonful t.i.d., or oftener, if necessary.

In the treatment of indolent ulcers characterized by broad, flat, or rounded, pale, flabby granulations, covered with a pellicle of light gray or white tenacious matter, giving a glazed and shining appearance to the surface, as if it were varnished, I have found nothing yet so efficient as an unguent as the following formula, applied to the surface on a piece of sheet-lint and kept in place by a roller:—

℞ Copaibæ,
Cerati resinæ, . . partes æquales.
Fiat unguentum.

# LECTURE.

## *A CLINICAL LECTURE ON PSORIASIS.**

By JOHN V. SHOEMAKER, A.M., M.D.,
PHILADELPHIA.

AFTER some remarks on electricity, Professor Shoemaker said:—

A patient will now be placed on the chair, and you will soon see his hair standing on end, and he will receive a most delightful sensation from this static current.

A few days or, perhaps, two weeks ago, I received a suggestion from a physician for the treatment of a diseased condition of the facial nerve,—the portio dura. The flesh of the face had been affected so that it was almost impossible to cause an impression upon that portion of the nerve by the use of the static current. (The patient then described his feelings, saying that he felt the current very distinctly, and that it was very agreeable.)

You make a direct impression upon the nerves that have probably been in a debilitated condition for some length of time, and that remedies have failed to reach. Now, I will say, in reference to this case of Mr. B., that he has taken nitro-glycerin in the one-hundredth of a drop doses. This should be given in connection with the agent, static electricity; and that combination is often the most effective. I do not mean to say that static electricity or galvanic electricity or even Faradism is effective always and absolutely in restoring the parts to their normal condition, but they are most valuable agents, and this agent is one which it is practicable to use. Now, Mr. Yocum is going to give us this machine for a week's time, and I am going to deliver, at different times, lectures in connection with it; and, as I have the subject of therapeutics, and I am going to illustrate therapeutics whenever opportunity shall occur in the treatment of various diseases, and if there is anything I can do I shall do it, as I am particularly anxious for you to know all about the particular forms of the use of electricity. (The machine was then operated.)

I was attending a lady on —— Street who was a chronic sufferer from eczema and from gout, so much so that she was barely able, when she came under my care, to move her fingers. She had the gout in almost every tissue of her body. She had been under the care of almost every physician she could reach of any prominence, together with some from abroad. The gout, as well as the eczema, was very prominent. I went to her house, and had administered to her, three or four times a week, an application of static electricity, and I have paid for that machine over and over again from the fees that I have received from this lady. In this connection, I would say that her eczema has entirely disappeared, not with the use of remedies, but by the action of the static current. Her gout is so much lessened that she can move her finger with ease and comfort. If I had sat down in my office at my table, or had gone to this woman's house and written a prescription, it would have failed, because those remedies have failed in the hands of other physicians. The well-prepared physician at present is the physician who has all these agents at his disposal, so that when a case comes before him, as such cases will come before you, as the young physician usually gets these chronic cases, he understands how to use these simple agents, water, and the use of oxygen; so that when other physicians fail, your careful work upon the subject of therapeutics, and your careful understanding of all the agents in the treatment of disease, will place you in such a position that you will frequently cure old chronic cases that your *confrères* have failed to do, due to the fact that they have not kept up in the tide of advancement of therapeutic agents of modern times.

As I have said, this man has taken the hundredth of a drop of nitro-glycerin three or four times a day. It comes to you in the form of tablets, and is one of the most effective remedies in overcoming the ravages of various forms of disease, and is valuable in restoring weak and debilitated conditions of the nervous system, and is particularly efficacious when used in connection with some of the forms of electricity.

I want to demonstrate to you the efficacy of this agent, and how to cure disease with other agents and drugs.

Here is a patient whose back is covered with a cutaneous disease, and I am going to ask Dr. Murray to look at this young man and tell us what is wrong with him. I will also

*Lecture by Professor Shoemaker, M.D., at the Medico-Chirurgical College, at Seventeenth and Cherry Streets, on Thursday, October 16, 1890, at 11 A.M.

ask Mr. Foster to examine the case in connection with Dr. Murray.

The case was diagnosed as a case of psoriasis.

This is a critical case of psoriasis. This boy is literally covered with this diseased condition; it extends over every portion of the integument. It is found on the scalp, under the hair, where will be seen small, isolated papules. It has been said as to this diseased condition that it appears, from the primal condition of the papules, that these papules are covered with hypertrophied epithelium or hypertrophied epidermis, and that they are separated by elevated portions of the hypertrophied tissues, and that these isolated patches have been described as increasing until the entire surface of the body may, in time, in old, chronic cases of psoriasis, be covered with spots similar to those to be observed on this boy's limbs and body. It is known primarily by these isolated papules, and by the condition previously of the integument, and is found upon an extensive surface. It is known by the fact of their always being dry, always being covered with these fine, white scales, always presenting an appearance such as is presented by this boy now before you at the present time.

I will now go into the history of this case. This boy is now 12 years of age, and has had this disease for two years. His father has it, and I may say, in this connection, that it was my misfortune, a few days ago, to see a gentleman, whom I cured ten years ago of eczema or psoriasis of the skin, whose body was literally covered with these spots. He died of albuminuria. In the case I have reference to, the patient, with his brother, were both affected by this condition of things. It is sometimes hereditary, and it is sometimes found in two or more members of a family. It is found as exhibited in this boy,—that it is a chronic disease. It is always a dry condition, and I shall expect every member of the class to examine this boy's condition and to be able to describe these papules upon the boy's chest and upon his back, as he is literally covered with them. Here you see the elevated, primary condition of the papules, covered with these small, white scales, —hypertrophied epidermis. To continue the history of this case: two years ago the disease began to present itself at the elbow. This great hypertrophy is found upon the elbows, upon the knees, and upon the scalp, in places where you have the epidermis unusually developed, and upon those parts you find the lesions principally, and very frequently primarily upon the separate parts, like the knees. Here you find, over a portion of the knee-cap, that the epidermis is especially thick, and the morbid condition is present to a very large extent. On the elbow it is also seen, and it is all over the hands, presenting a great disfigurement of this boy's hands. If he grows to manhood,—he is now 12 years of age,—and reaches the age of 20, 30, 40, 50, or 60 years, the affection will be likely to spread until the entire skin becomes covered with scales, and it will look like parchment; it will become thick and rough and unyielding, and as he stretches his body every portion of the integument will break and crack. In addition to the patches or lesions which this boy possesses now upon his skin, if you examine his hands now, where it has been attacked undoubtedly, and has been infiltrated, you will observe these cracks and fissures where the skin has been rent asunder by involuntary musclar action. Now it starts from the hands, from the elbow, from the knees, and covers the whole body. In this case it is found on the head, on the back part.

This boy tells us that it itches him, and that he sometimes scratches the skin until it bleeds. In all cases of psoriasis, as a rule, when these little papules appear upon the surface of the skin, isolated, as in this boy's case,—I say old cases of psoriasis,—primarily the itching is intense, so that the child or patient will scratch and tear the skin while the papules are drying. In other words, while the tissue is undergoing the hypertrophic stage of the disease, the irritation becomes intense, by reason of the irritation of the vasomotor nerves of the skin. As it becomes chronic, the skin becomes thickened and infiltrated, as in this boy's case, and the itching will disappear, and will not again show itself upon the surface of the integument until there is a fresh outburst or crop of papules upon the integument.

I had a patient in this city, a gentleman now about 60 years of age, who has had this cutaneous disease since he was about 6 years of age. He has been under my care, and here and there are patches probably as large as my hands put together. They are cracked, and when he bends his body the blood will ooze from the surface of the skin, which has been so altered by the application of different

agents. Now and then it will heal up—a patch of this size—and cause the fissures to disappear, and after this he will be seized with a fever,—in other words, a regular efflorescence all over his body, as one having a simple fever. His pulse will bound, and will present every evidence of his increased condition of circulation. When the patches develop anew the fever will disappear. The man can always tell when there is to be an eruption of these papules, such as you will observe upon this boy's chest and back, and at this time the diseased surface itches intensely; that is to say, these papules appear and produce an irritation of the vaso-motor nerves. There is not a portion of the skin, nails, or hair, that is exempt from this diseased condition of psoriasis. In other words, it makes the hair grow thick, coarse, rough, unyielding, lacking its lustre; and you will find in most of these cases, when you pass your hands through the hair that it has undergone changes analogous to those exhibited by the skin in the same disease. It is rough, it is unyielding, it has lost its vitality, it is hard, it cracks easily, particularly after the diseased condition grows old; and as this boy's disease progresses, if it is not arrested, his fingers and toe-nails will all become affected by this same diseased condition.

Now, I ask, why is this so? Let me repeat to you the symptoms of psoriasis. We have first the appearance of the initial papules, which are found on that boy's cheek and back isolated, covered with a fine, white scale, and called in some of the text-books, erroneously, "the mother-of-pearl-like scales." They will appear upon this boy's body. Now, we will examine his integument, and look at these little patches or papules covered with scales, and when you do so you will agree with me that they are not "mother-of-pearl-like scales" in appearance; they are simply hypertrophied upper portions of the epidermis. I would say, in regard to this lesion called "the mother-of-pearl-like appearance," that the phrase has been copied from one text-book into another, and so has been handed down as being the true appearance of psoriasis. We have, first, the isolated papules—papules covered with these scales extending over the upper portion of the tissue found upon the surface of the body, itching intensely at the start, coalescing by degrees, as the skin becomes thickened or infiltrated, and finally covering the entire surface of the body, which will become indurated. What is it due to? What is the etiology of psoriasis? How does the disease appear upon the surface of the body? Most of the text-books in which we find articles written upon the subject of psoriasis, and most of the literature, will invariably tell us that psoriasis comes from an unknown cause,—that it is a disease which springs from an unknown cause. All diseases, especially of the integument, arise from some morbid condition of certain parts of the tissue, and psoriasis is due essentially to a diseased condition of the blood. Gout and rheumatism, the fevers, and a diseased condition of the liver are essentially the exciting causes of this disease. I said a moment ago that psoriasis was hereditary,—in other words, that it was transmitted from the father to the offspring,—and in every instance this has been found to be the case when the evidence has been fairly observed. In this boy's case we have an example of the fact, for we learn that his father is a sufferer from psoriasis. How often do you observe gout and rheumatism present in several members of the same family? It is important to observe that in these cases this diseased condition of the integument depends upon the gout or rheumatism. Extraneous matters, uric acid and an excess of phosphates, some of the elements which should be cast off by the secretions and are retained in the blood, promote this diseased condition, which makes its appearance upon the skin by means of the capillaries and the glands; so we have excited here this diseased condition.

In the unfortunate case that I have spoken to you about, a gentleman who had albuminuria, and who died a few days ago, and whom I had treated and cured ten years ago of psoriasis, as well as his brother, all of this family were rheumatic, and in both of these instances their urine was loaded with uric acid, their secretions were all acid, and the diseased conditions in both instances were due essentially to the presence of uric acid. In all probability, it is also the cause of this condition in this young boy. In other words, his father may have a uric-acid diathesis, and he may be subject to rheumatism, or may be subject to gout, or some diseased condition of the liver that has caused this disease to be propagated upon his offspring.

Let me mention in a few words the pathology

of this disease. If we were to take any one of these papules, and cut it from the boy's skin and place it beneath a microscope, we should observe essentially a hypertrophy of the upper and lower epidermis. In other words, I mentioned to you some time ago that the epidermis is divided into different layers, the upper of which is known as the horny layer. The essential diseased condition, the hypertrophy, attacks primarily, and begins in the horny layer of the epidermis, extending from the horny layer to the other layers of the same structure of the skin. From the cuticle the process passes to what is called the derma or chorion, which is so affected that inflammation sets in, the muscular fibres become irritable, the skin is torn asunder and gives rise to this condition. In old cases, pathologically, this skin will undergo fatty degeneration. The reason why you observe cracks and fissures on the skin in old subjects affected with psoriasis is often due to fatty degeneration which has taken place in the derma or true skin.

Let me repeat that the pathological condition is this: the hypertrophy being primarily that of the horny layer of the skin, and then afterward of the other layers of the epidermis, then in turn the derma or true skin becomes involved, until we have a fatty degeneration, which sets in in old, chronic cases. If we examine this boy's case, we shall find that it is made up of a hypertrophy of the horny layer of the skin, and this hypertrophy extends down, giving rise to the torn development of these papules on the surface of the integument. I am going over this subject rapidly, for it is not possible for me to take up in any extensive way the true pathology, and carry it out, and explain the condition of the blood-vessels and the changes in the cells that take place in psoriasis.

I have given you the cause of the trouble; I have given you the particular symptoms of the disease, which appears upon the surface of the body, and now I want to say a few words about the diagnosis of this affection,—in other words, the manner of distinguishing between this disease and that known as eczema or tetter. How often do they appear side by side, and who has not studied and analyzed these lesions of the skin? It is certainly a great pleasure to call gentlemen into the arena and have them diagnose a case like this, as I have seen it tried again and again by old physicians who have not examined into the subject as a special work, and they have misnamed this disease tetter, and have not known the difference between tetter and psoriasis, and there is a marked difference.

There is only one form of eczema with which psoriasis is liable to be confounded, and that is a case of chronic eczema after the surface is indurated; and yet there is a difference between a chronic case of psoriasis and a case of tetter. I will tell you how to distinguish between psoriasis and papular eczema, and this is the only form of eczema or tetter that psoriasis can in all likelihood be confounded with, and that is, to examine the inflammation of the skin. It is attended with one of four varieties. It is papular or erythematous, and this condition has often been known as the papular form, because of the marked development of the papules upon a portion of the face, neck, and limbs. Let me also say this—that in papular eczema, as several of the young gentlemen have said, the lesions are all seen to be aggregated together, and they are almost like a myriad or a host, and, as I have said, they sink into the skin. The papules of eczema, moreover, are smaller than the papules of psoriasis; they are usually found upon the flexor surfaces, and they are found in different portions,—in fact, all over the skin; and beneath them we have always present this itching. The itching exists from the time the eruption appears upon the integument and persists until the eruption disappears. In other words, in all eruptions that we have had to deal with papular eczema is the one attended almost constantly with intense itching. In this boy's case the itching is present also, and it only disappears on the disappearance of the papules. Here the papules are isolated; in eczema, the papules are aggregated, and are bounded by a convex surface.

Now, what shall I say as to the treatment of this boy's case? What shall I say as to the treatment of this man's case of psoriasis? It is essentially a treatment systematically; it is essentially an attempt on the part of the doctor to get at the known cause, and not to say that it is a diseased condition due to an unknown cause; not to say that it is a morbid state especially to be treated on general principles; not to say that the only agent in this diseased condition of the integument is the treatment of it. There are numerous agents valuable in the treatment of psoriasis at the present time, and these agents are always of

efficacy according to the nature of the exciting cause. Let me here say, this morning, referring to it, merely that it is my custom to examine my mail, which I do before I begin my work, and this morning I found a letter from a practitioner inclosing a photograph of a patient suffering from a skin trouble. Some physicians appear to think, if I may digress even in speaking on this subject, that they can sit down at home and describe a case of skin trouble, and send that description to a physician in the city, with a photograph, trusting that in turn he can send a prescription which will remove and cure the disease.

In the case that I named the doctor wrote a most elaborate history of the case, and yet I say to you, as I have repeated again and again, that it is impossible for any physician, whether it be upon a special skin or venereal disease, or a disease which we are to examine connected with any of the special departments, to give any remedy or remedies which will cure a case unless the doctor has absolutely examined as to the exciting cause, and as to that which has brought on the malady. In this instance it was a boy, and here this little patient, while I have been talking, has been standing before you, and he will now pass around among you so that you may examine him critically. I say this to you so that you may remember it when you come to your homes. There is only one way of correctly examining a skin trouble, and that is by a thorough, absolute examination into the characteristics and idiosyncrasies of your patient; the state of your patient's skin; the exciting cause which has brought this diseased condition into existence; and when you have mastered the cause you can treat and cure the diseased condition without any difficulty. Let me state as to his father: You will examine as to the condition of the father of your patient, and see if it is not possible to detect some exciting cause which is apparent. See if there are any rheumatic pains. As to this boy, we shall examine his blood and his secretions and look into the condition of his urine, and I think we shall find large quantities of uric acid present, which, I have no doubt, is the seat or the root of the disease. Running your hand through his scalp, you will observe how dry his hair is. I mentioned to you, awhile ago, that this is always based upon an exciting cause. Very often you can get some given agent that will overcome this uric-acid tendency; some agent that will overcome these pains; some agent that will make an impression upon the boy's body. In other words, psoriasis is curable, and can be cured and removed, and can be arrested if you aim to control the exciting cause. In this case the treatment has been by the use of iodide of potassium, given three times a day in combination with sarsaparilla,—the compound syrup of sarsaparilla. This is also found to be a good agent in rheumatism, and the compound syrup of sarsaparilla is always useful in rheumatism. When I was a student iodide of potassium and sarsaparilla were used in the third stage of syphilis, and we could always tell what the disease was when that was prescribed. In this case it is necessary to make an impression upon the lad's blood and act upon the tissues, in order to change and remove this diseased condition. I would say, also, in this connection, that sulphur is a most valuable agent. Dr. Murray observed yesterday a patient in my office, a gentleman who had had psoriasis for a number of years; he was put under this treatment in order to overcome the tendency toward a torpid liver,—and in this case it was due to a torpid liver,—and he was treated with 5 grains of sublimed sulphur and 1 grain of cream of tartar, three or four times a day. After this had been taken the entire surface of his body resumed its natural condition, and that was by the use of sulphur, which acts upon the liver and upon the pancreas and upon all the glands and tissues of the body, and is a most valuable agent in the treatment of psoriasis. The treatment, then, in all these cases is systemic, and you can use mercury and all the other preparations which are applied to the surface of the body, and it will remove the eruption, but the diseased condition will re-appear as long as the blood-current contains the elements that give rise to the hypertrophy of the integument.

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INTERNATIONAL CONGRESS OF HYGIENE AND DEMOGRAPHY.—The permanent International Committee has appointed the following International Sub-Committee to prepare a scheme for the organization of future Congresses: Professor Brouardel (France), Professor Dr. Fodor (Hungary), and Professor Corfield (England), to represent Hygiene; and M. Körösi (Hungary) and Dr. Janssens (Belgium), to represent Demography.—*Ex.*

# ABSTRACTS.

## CLINICAL AND BACTERIOLOGICAL STUDY OF SCARLATINOUS ANGINA.

In a careful and conscientious thesis, Dr. Bourges divides the angina of scarlet fever into the erythematous variety, which may or may not be accompanied by a pultaceous deposit, the pseudo-membranous and the gangrenous forms. The pseudo-membranous may be subdivided into precocious or tardy, the first of which is often benign, does not extend, and produces little or no effect upon the general condition. Late pseudo-membranous angina, on the contrary, would seem to be most often of diphtheritic character, although the occurrence of very benign examples leaves this point doubtful, and a decision can only be reached by bacteriological investigations. The gangrenous form is the most severe, and is accompanied by special characteristics.

His experiments with the inoculation of streptococci found in scarlatinous angina have led him to conclude that "the anginas of scarlatina are due to a secondary infection by pyogenetic streptococci in the erythematous angina, in most cases of precocious pseudo-membranous angina, and in certain cases of tardy pseudo-membranous angina." The streptococci found in the suppurations which so often complicate scarlatina generally enter the system through the tonsils, which are infected from the beginning of the disease.—*Revue de Laryngologie*, etc., Aug. 1, 1891.

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## INFANTS' FOOD.

Dr. George B. Fowler gives a preference in most cases to the following easily-prepared infants' food: "Put four tablespoonfuls of rice into three pints of water and boil half an hour; then set aside on back of range to simmer during the day, water being added by the cook to maintain the original three pints. At night strain through a colander and place on ice. When cold a paste is formed. Three tablespoonfuls of this paste are added to each nursing bottle (half-pint) of milk and fed during the next day, a fresh supply of rice-paste being under way in the meantime. Should there be constipation, I use farina, prepared in the same way and used in the same proportion. Rice is astringent, farina laxative."—*Medical Record; The Prescription.*

## MITRAL STENOSIS ASSOCIATED WITH TUBERCULAR MENINGITIS AND ABSCESS OF THE CORPUS STRIATUM.

A case of this nature was described by M. Rendu, at a meeting of the Society of the Hospitals. The examination of pus taken from the abscess demonstrated the presence of a great number of the bacilli of Koch, but of no other microbes. The instances are rare in which the bacilli of Koch spontaneously excite suppuration. A case of the kind was observed by Fraenkel. It follows from these 2 cases that the tubercle bacillus is capable of developing a phlegmonous suppuration, in place of the cheesy exudates common in cerebral tuberculosis.

M. Chauffard spoke of having met with a similar example, though, unfortunately, no bacteriological examination was made of the pus.

M. Chantemesse remarked that suppuration due to tubercle bacilli was not rare, but seldom occurred, except in old tuberculous subjects. The same statement applies to the microbes of erysipelas, typhoid fever, etc. When they produce pus, it is always in the stage of their decline.

M. Rendu observed that in his case the tuberculosis had not been of long duration.—*Le Progrès Médical*, Aug. 8, 1891.

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## PROLONGED SUBACUTE INFECTION OF THE TONSILS.

Dr. Le Gendre has described the case of a child who suffered for some time from a simple tonsillitis, accompanied by a catarrhal condition of the digestive apparatus. The general condition was bad, the color yellow and pale. No other symptom was present, but examination of the urine revealed the presence of albuminuria, which marked the tonsillitis as of infectious origin. Internal treatment, a strict milk diet, and painting the parts effected but a temporary improvement, and a cure was only obtained by destruction of the tonsil by galvano-cautery.

The author relates another not less interesting case of infectious angina.

A girl, 3 years of age, had tonsillitis with fever. At the end of fifteen days the fever had vanished, but the right tonsil remained enlarged. The corresponding ganglia were swollen, hot, and threatened to suppurate

Suppuration was avoided, however, by the application of a blister.

The hypertrophy of the tonsil was reduced by the administration of the syrup of the iodide of iron and the application of the tincture of iodine. The author concludes that, in addition to primitive acute tonsillitis, the infectious nature of which is demonstrated, we should recognize the existence of subacute forms maintained by an infection and manifested by adenopathy, albuminuria, or general disorders, such as anorexia, gastric trouble, nervous depression, etc.—*Revue de Laryngologie*, etc., Aug. 1, 1891.

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ELIMINATION AND ITS USES IN PREVENTING AND CURING DISEASE.

T. Lauder Brunton (Lancet, June 20, 1891), in his inimitable style, describes the elimination of the waste products of the body by comparing it to the sewage of our great cities. He analyzes Dr. Hays's papers on gout and rheumatism, claiming that, by the use of alkalies and certain articles of food, the uric acid is dissolved in the blood, and, while the patient may be more or less uncomfortable, he is possibly in a better condition than when he is made comfortable by the use of acids and the uric acid is stored up in the joints and the spleen. He believes that the continued use of salicylic acid is the best method of eliminating uric acid from the system. He considers the free use of water as the best possible means of getting rid of all the waste products. The great usefulness of the different mineral springs, he considers, depends more upon the amount of water drunk and the exercise taken than upon the nature of the water imbibed. The grape-cure, he thinks, owes its efficacy to the large amount of water contained in the grapes, at the same time it being a method of partial starvation. The milk-diet, he considers, owes its great diuretic power in diseases of the kidney to the same property of great amount of water contained. Elimination by means of the digestive tract, he thinks, is of the greatest importance. Exercise, by the compression exercised upon the abdominal viscera, aids in maintaining a good condition of the bowels. When exercise, stewed fruits, gruels, etc., fail to keep the bowels regular, he advises either a Lady Webster pill daily, or small doses of aloin three times a day.—*Univ. Med. Magazine.*

SARCOMA OF THE PROSTATE.

According to Barth, of Marburg, sarcoma of the prostate is not so rare as one might be led to expect after consulting the scanty literature on this subject (Centralblatt für Chirurgie, No. 26, Bericht über die Verhandlungen der deutschen Gesellschaft für Chirurgie). This form of new growth may occur at any stage of life, but in about one-half the recorded cases it was met with in children. In the first of 3 cases observed by the author the patient was nine months old. The soft tumor filled the pelvis, and reached as far as the navel. On suprapubic section, which was necessitated by persistent retention of urine, it was found that the growth had originated behind the bladder, and between that organ and the rectum. The little patient died three weeks after the date of operation. The subject of the second case was a young man, aged 17 years, who for four months had suffered from dysuria with occasional attacks of retention. A small, sarcomatous growth was removed from the prostate by median section of the perineum. After the death of the patient, which occurred six weeks later, the interior of the bladder was found at the necropsy to be occupied by a fungous mass of about the size of a child's head. This growth, which was a myxo-sarcoma, had sprung from the prostate, and made its way into the rectum as well as into the interior of the bladder. In the third case the patient was a man, aged 27, who remained free from any difficulty in micturition, but, in consequence of the tendency of the disease to spread backward and into the rectum, suffered much from painful and obstructed defecation. Barth makes a distinction between the forms of prostatic sarcoma which spread along the urinary passages and those which grow backward and involve the rectum. This new growth has a tendency to spread in various directions, and occasionally presents itself as a swelling above the symphysis or one in the perineum. In these outgrowths, as also in the diseased prostate itself, the soft and pseudo-fluctuating structure of the tumor not infrequently leads to an erroneous impression that the case is one of tuberculous disease. Sarcoma of the prostate is always fatal, and causes death in most cases within six months. Some palliative operation is frequently required for overcoming an obstruction to the normal flow of urine or fæcal matter. A radical operation is indicated only in cases in which

the growth is still small and confined to the prostate, and has not yet formed a large, far-spreading, and invading tumor.—*British Med. Journal.*

## THERAPEUTIC NOTES.

### MERCURY AS A SPECIFIC IN TYPHOID FEVER; CONCLUSIONS FROM THE STUDY OF 700 CASES.

From a clinical experience embracing nearly 700 cases of typhoid fever, Smakovsky (L'Union Médicale, April 10, 1891) concludes that the simplest and most efficacious treatment consists in the administration of calomel in fractional doses, according to the method of Professor Zachariine, of Moscow. Three-fourths of a grain of calomel is given every hour for ten doses, if necessary, or till copious, soft, greenish stools have been secured, a gargle of chlorate of potash being meanwhile used to prevent stomatitis. In cases in which cardiac weakness already exists, an infusion of digitalis is used before the calomel. If instituted in the course of the first seven days of the fever, this treatment is said to abort the disease, even when grave in type. If this result is not obtained, the drug exercises the most favorable action in shortening the duration of the disease and preventing complications. A second course of calomel may be given a day's interval after the first, the abortive action being produced sometimes only after this second administration. During the interval, and subsequently, if the disease is not aborted, the author prescribes—

℞ Subnitrate of bismuth, . 2½ grains.
Pure naphthalin, . . $\frac{3}{10}$ grain.
Sulphate of quinine, . 1½ grains.

Sig.: One powder. Four of these daily.

The author is convinced that the mortality should be *nil* in all cases where the treatment is commenced before the tenth day of the disease, excepting in the very old, or where it occurs in the course of another grave malady. —*Univ. Med. Mag.*

In a laryngeal cough, Dr. Crook advised the use of—

℞ Borate of soda, . . . gr. x.
Tar-water, . . . . ℥j.

M. Sig.: Spray while inhaling deeply, and also give $\frac{1}{50}$ grain apomorphia occasionally.—*Med. Summary.*

Catgut is prepared by Professor Nilsen by immersing in turpentine (absolute) for a week, after which it is washed well in ether and kept in absolute alcohol.—*Med. Summary.*

Cystitis is treated by Professor Bangs by washing out the bladder with boro-salicylic solution, and injecting twice daily ℥j to ℥iij of the following iodoform emulsion, which is much used at St. Luke's:—

℞ Iodoformi, . . . . ℥ij.
Glycerini,
Mucil. acaciæ, . . āā ℥ss.
Aquæ, . . . . ad ℥viij.

Rub up the iodoform with the mucilage, then add the glycerin, and finally the water.—*Med. Summary.*

### SALOL IN RHEUMATIC AFFECTIONS TENDING TO CHRONICITY.

Salol relieves perceptibly the pains which accompany certain forms of chronic rheumatism, provided they are not of too long standing. This remedy seems also to arrest the evolution of the lesions of chronic rheumatism. The amount of salol given in a day is 3 or 4 grammes (45 to 60 grains) divided into two doses.

The medicine is best administered in capsules, about three hours after meals.—*Le Bul. Med.; Weekly Med. Rev.*

### SYZYGIUM JAMBOLANUM IN DIABETES MELLITUS.

Lamaschen tried this in 8 cases. In each, after large doses—5 to 10 drachms of the powder in twenty-four hours—for several days, the urine and sugar decreased in quantity within a few days, the thirst and other diabetic symptoms lessened, and the improvement remained for a time after discontinuing the treatment. But the sugar did not completely disappear in any case. The jambul caused no disagreeable effects, and, in fact, the patients generally increased in strength. He thinks the contradictory records of other clinicians must arise from their use of too small doses, or of inferior specimens.—*Times and Register.*

### ON THE THERAPEUTIC VALUE OF INDIAN HEMP.

I have, during the last few years, been accustomed to prescribe Indian hemp in many conditions, and this drug seems to me to deserve a better repute than it has obtained. In one form of insanity, more common in

women than in men, and brought on usually by mental worry, often owing to the illness of a near relative, or by moral shock, the drug acts almost as a specific. In this affection the patient is depressed and apprehensive, she imagines that animals are after her, or that some one wants to injure her. There is great mental confusion and mental loss, the patient is unable to carry on any conversation, and sometimes is unable to dress herself, the condition being one of acute dementia. I have notes of several such cases that have been cured by Indian hemp within a fortnight. I usually give 10-minim doses of the tincture thrice daily, combined with iron and strychnine. I prescribe also complete rest and plenty of food. The Indian hemp is an essential factor in the treatment, for without it the rapid recovery does not ensue; it seems to remove the mental distress and the restlessness.

Indian hemp has proved very useful, in my hands, in the treatment of melancholia and mania. I have also found this drug of great value in the treatment of chorea when arsenic fails, as it frequently does. It may be combined with chloral with advantage in such cases. In migraine the drug is also of great value; a pill containing ¼ grain of the extract, with or without ¼ grain of phosphide of zinc, will often immediately check an attack, and, if the pill be given twice a day continuously, the severity and frequency of the attacks are often much diminished. I have met with patients who have been incapacitated for work from the frequency of the attacks, and who have been enabled by the use of Indian hemp to resume their employment. This drug is also a valuable gastric sedative in cases of gastric ulcer and gastrodynia. It may be combined with nitrate of silver, and it increases the efficacy of the latter. Its value is well known to asylum physicians, but it does not appear to have gained the confidence of the profession generally. Indian hemp is also a very valuable hypnotic.—C. W. SUCKLING, M.D., in *Brit. Med. Journ.*

### A MEANS OF PREVENTING COCAINE INTOXICATION.

Parker (British Medical Journal and Deutsche Medizinal-Zeitung, July 6, 1891) has discovered that the unpleasant or even poisonous symptoms which occasionally follow the local application of strong solutions of cocaine in the nasal and buccal cavities may be entirely prevented by combining the drug with resorcin. This combination is also of advantage in utilizing the antiseptic, astringent, and hæmostatic properties of the latter drug; the solution may be also employed in post-nasal catarrh, pharyngitis, hypertrophy of the tonsils, stomatitis, and gingivitis.—*Univ. Med. Mag.*

### TREATMENT OF CANCER OF THE RECTUM BY INTESTINAL ANTISEPSIS.

Dujardin-Beaumetz (Bulletin Général de Thérapeutique, June 30, 1891) has seen great good accomplished in chronic diseases of the large intestine, especially in cancer of the rectum, by the maintenance of a rigid intestinal antisepsis. He believes that the great number of of cancers of the rectum resemble, in the slowness of their evolution, certain uterine neoplasms, which, as is well known, can exist for years without compromising life, and which do not cause death except by obliteration of the ureters and the grave consequences ensuing therefrom. In the same way, in cancer of the rectum, he argues, when obstruction can be prevented and the danger of stercoræmia avoided, a state of general health can be maintained sufficient to permit the patient to gain weight and to live in a relatively satisfactory condition. His system is embraced under three heads: (1) local antiseptic irrigations; (2) antiseptic and purgative medication by the mouth; and, finally, (3) dietary regimen.

Irrigation is effected by the injection of a litre or a litre and a half or even 2 litres of water containing 4 grains of alpha-naphthol to the litre. The liquid may be voided almost immediately after injection.

The medicinal treatment embraces antiseptics and purgatives, and for the former he administers salol in the following formula:—

℞ Salol,
Salicylate of bismuth,
Bicarbonate of soda, . āā 150 grs.
Divide into 30 powders.
Sig.: One powder before breakfast and dinner.

The quantity of salol may be increased to 45 or 60 grains a day. Solubility of the bowels is maintained by laxatives, saline waters, or by cascara or cascarine.

Finally, he orders a vegetarian diet of milk, eggs, farinas, green vegetables, and fruit.

This method of treatment is also applicable to other affections of the bowels, having given excellent results in chronic inflammations of the large intestine, especially in catarrhal and pseudo-membranous colitis.—*Univ. Med. Mag.*

ALLINGHAM'S OINTMENT FOR HÆMORRHOIDS.

℞ Bismuth. subnit., . . ʒj.
Hydrarg. subchlorid., . . ℈ij.
Morphini, . . . . gr. iij.
Glycerini, . . . . ʒij.
Vaselini, . . . . ʒj.

M. Sig.: Use in pile-pipe.—*Columbus Med. Journal.*

TOXICITY OF OIL OF SALVIA.

MM. Cadéac and Albin (Société de Biologie, April 11) report that oil of sage is more toxic than essence of absinthe, and gives rise to attacks of epilepsy, commencing by tonic and followed by clonic convulsions. An intravenous injection of 5 centigrammes caused epileptiform attacks in a dog; 10 centigrammes determined several successive attacks of the same nature.—*Amer. Journal of Pharmacy.*

TREATMENT OF BED-SORES.

Billroth is stated to apply the following treatment for bed-sores: Upon the appearance of reddening of the skin he applies a lotion of vinegar or lemon-juice. If excoriation is present, he applies nitrate of silver and protects the part by zinc ointment or soap-plasters. Where gangrene comes on, antiseptic compresses are to be applied, the wound being cleaned by the use of chlorine-water, or carbolated oil may be used with care, as the phenomena of intoxication may appear. Internally, he employs supportive treatment with wine, acids, quinine, and musk.—*Columbus Med. Journal.*

EUCALYPTOL IN BRONCHIAL AND PULMONARY TROUBLES.

Dr. I. N. Brainerd states that for the last ten years he has prescribed eucalyptol in bronchial and pulmonary troubles, and has learned to put a high therapeutic value upon it in chronic bronchitis, chronic interstitial pneumonia, persistent cough, and, to a less degree, in tuberculosis. It is antiseptic, and has a healing effect upon the bronchial epithelium and a sedative effect upon the peripheral nerves in the respiratory tract. He administers it in 5- to 10-minim doses in emulsion every four hours.—*Coll. and Clin. Record.*

CREASOTE IN OBSTINATE VOMITING OF PREGNANCY.

Kaatzer (Berlin. klin. Wochen., Boston Med. and Surg. Journal) gives the following formula for creasote in the treatment of obstinate vomiting of pregnancy:—

℞ Creasoti pur., . . 2.0 grammes.
Spirit. vini rect., . 30.0 "
Tinct. gentianæ,
Extract. coffeæ, āā 10.0 "
Aquæ destillat., . 100.0 "

M. Sig.: To be well shaken. Dose: Small tablespoonful two or three times a day, in a little milk.—*Coll. and Clin. Record.*

KOLA NUT IN OBSTETRIC SYNCOPE.

Dr. Henon (Lyon Méd.) reports that the use of kola nut has checked syncope, usually resultant on delivery in a multipara.—*Med. Standard.*

LYSOL IN DIPHTHERIA.

Prof. F. Hoeffler, of the University of Greifswald, in an article on the therapy of diphtheria, speaks of lysol as follows: "Lysol, which has been recently introduced into commerce, proves very efficacious; a 2-per-cent. solution sterilizes inoculated serum in ten seconds."—*Notes on New Remedies.*

OIL OF WINTERGREEN FOR ACUTE URETHRITIS.

Dr. John A. Wyeth, in the Southern Medical Record, recommends oil of wintergreen in 6-drop doses three times a day, as a more efficient and safer remedy for acute urethritis than any other remedy advised for this purpose. Injections of any kind are not to be used, as they generally do more harm than good.—*Ibid.*

THE REMARKABLE EFFECTS OF DIURETIN IN REMOVING DROPSY.

Prof. Robert H. Babcock, A.M., M.D., of Chicago, after a careful clinical study, has arrived at the following conclusions:—

1. Diuretin (Knoll) is a diuretic of great power and promptitude, suitable to all forms of dropsy.

2. Not increasing arterial tension, it is likely to succeed where digitalis, caffein, and their congeners fail.

3. In cases of cardiac dropsy, with great feebleness of the pulse and arhythmia, it will strengthen and regulate, rather than depress, the heart's action.

4. It appears to cause no irritation of the stomach or kidneys.

5. It requires to be given to the extent of from 90 to 120 grains daily, and preferably in small doses, frequently repeated.

6. It is best administered either in solution in warm water or in gelatin-coated pills, since, if exposed to the air in powders, it undergoes change, with a precipitation of much of the insoluble theobromine.

### MICROSCOPICAL APPEARANCE IN ACUTE DERMATITIS.

L. Heitzmann (Archiv für Derm. und Syph., Heft 4, 1891) describes and illustrates with much detail and correctness the appearances found in the various stages of inflammation of the cutis, and interprets them in the light and in the sense of the well-known doctrines of Carl Heitzmann. The first stage consists in the transformation of tracts of free protoplasm into "inflammation corpuscles," liquefaction of the ground substance, and setting free of the "living material;" conversion of the ground substance into protoplasm, splitting up of the protoplasm, at first into non-nucleated, later into nucleated inflammation corpuscles. The second stage consists of progressive liquefaction of the ground substance, broadening of the protoplasm masses between the remains of the bundles, increase of the living material through growth into homogeneous or vacuolated clumps, splitting up of these clumps, and consequent increase of inflammation corpuscles. Third stage: almost complete transformation of the ground substances into protoplasm, considerable increase of the living material with the appearance of numerous homogeneous or vacuolated clumps of different sizes, formation of inflammation corpuscles out of these clumps, establishment of inflammation foci of different sizes, with the result of inflammatory infiltration,—that is to say, breaking down into protoplasm corpuscles in different stages of development, and unbroken connection of all the protoplasm bodies with each other.—*Brit. Med. Journ.*

### EXCISION OF THE CREMASTER IN MALPOSITION OF THE TESTICLE.

At a meeting of the Société de Chirurgie on July 8th (Semaine Médicale, July 15, 1891), M. Félizet said there were two principal indications for surgical interference in cases of malposition of the testicle, namely, the existence of pain and the presence of a hernia. When there was severe pain M. Félizet recommended excision of the cremaster by dividing the two fasciculi of the muscle and detaching its fibres from the spermatic cord; the fibrous bands surrounding the cord should be removed at the same time. The pain in such cases is due, according to M. Félizet, not to strangulation of the testicle, but to the shocks which the violent contractions of the cremaster cause it to undergo; this is effectually remedied by the operation just described. After it, moreover, the testicle can be brought down from four to five centimetres. The process is aided by suture of the external abdominal ring, which then compresses the cord sufficiently to produce a temporary varicocele; the testicle first swells, then gradually descends into the scrotum. This method has been employed by M. Félizet with success in the case of four children, in three of whom the cure has persisted twenty-two, ten, and eight months respectively. Fixation of the testicle to the bottom of the scrotum is, in M. Félizet's opinion, useless and dangerous.—*Brit. Med. Journ.*

### ANTIPYRIN IN BLENNORRHAGIA.

Brenisa, in the Journal de Méd. de Paris, recommends the use of antipyrin in blennorrhagia, prescribing it in the following formula:—

℞ Antipyrini, . . 3.0 grammes.
Zinci sulphatis, . 0.3 gramme.
Aq. rosæ,
Aq. laurocerasi, āā 60.0 grammes.
M. Sig.: For urethral injection.

—*Med. and Surg. Rep.*

### TREATMENT OF CHRONIC CONSTIPATION.

Dr. T. Flotau recommends for this purpose the direct application to the rectal mucosa of about 3 grammes of powdered boric acid. In cases where the mucosa cannot be reachad, insufflation of the same quantity of powder is employed. In from half an hour to three hours after the application peristalsis occurs, attended with copious fæcal evacuations. The evacuations may occur two or three times during the day, and are never painful. This method never fails in properly selected cases. Experiments made with other remedies yielded negative results. There is no fear of intoxication, as indicated by a large number of cases treated. In 3 cases failing to yield to other remedies, boric acid accomplished the desired result.—*Berlin. klin. Wochen.*, March 2, 1891; *Occid. Med. Times; Montreal Med. Journ.*

### CREOLIN IN TONSILLITIS.

Following up Leyden's recommendation of creolin as a disinfectant for the throat, Dr. Itzig has used it in follicular tonsillitis with marked success. Under its influence the purulent plugs in the lacunæ, as well as the swelling, tenderness, and fever, disappeared within twenty-four hours, and the patient rapidly recovered. It was prescribed as a 1-per-cent. solution, diluted with equal parts or more of warm water, and was used in the form of a gargle several times daily. The disagreeable burning feeling in the throat which creolin causes disappears rapidly on washing out the mouth with pure warm water.—*Therap. Monatshefte; Montreal Med. Journ.*

### HOW TO GIVE CASTOR OIL.

The Dixie Doctor says, to administer castor-oil pleasantly, thoroughly mix the dose with four times as much hot milk, shaking the two together in a bottle which they do not more than half fill. When taken in this way the activity of the oil seems to be increased, and being rendered very limpid by the hot milk its oily nature is not perceived. It is scarcely to be distinguished from hot milk.—*Med. and Surg. Rep.*

### BROMOFORM AS A TOPICAL APPLICATION.

Solomon Solis-Cohen, M.D., of Philadelphia, says, in Medical News: "I have recently employed bromoform in a severe case of ozæna as a topical application to the nasal mucous membrane after thorough cleansing with hydrogen dioxide. The absence of the severe local reaction anticipated, together with the extraordinary success of the measure, not only in destroying the odor, but in controlling the morbid secretion, encouraged me, after preliminary trial upon my tongue and pharynx, to use the same agent as a topical application to tuberculous and other ulcers of the larynx, after cleansing with hydrogen dioxide. Here the agent seemed to exert analgesic as well as disinfectant properties, as pain was relieved and healing apparently promoted. The agent being extremely volatile, the immediate effect is transient, and I have, therefore, followed the application of bromoform with insufflation of iodoform in powder. While this somewhat obscures the therapy, yet the effect was better than when iodoform had been used without bromoform in the same cases. This preliminary note is published at this time to induce further trial and report by others."—*Pharm. Record.*

### THE THERAPEUTICS OF EUPHORINE.

Euphorine, or phenylurethan, which was discovered by Sansoni, is a white crystalline powder with a slight aromatic smell, and readily soluble in wine, which forms a convenient medium for its administration. Sansoni prescribed it in cases where antipyretic, antiseptic, antirheumatic, or analgesic action was required, and stated that it was free from any objectionable action, such as occasionally follows antipyrin, antifebrin, phenacetin, salicylate of soda, and other drugs of a similar class. A number of recent observations have been made, especially on rheumatic cases, in Professor Stiller's wards in the Jewish Hospital in Pesth. In 3 cases of supra-orbital neuralgia and in 3 cases of sciatica a cure was rapidly effected, a case of chronic nervous headache was decidedly improved, 2 cases of rheumatic fever were cured, but in another which was complicated with endocarditis no improvement was obtained, though here salicylate of soda was more successful; in 9 cases of chronic articular rheumatism good results of a more or less permanent character were obtained; in 3 cases of muscular rheumatism a rapid cure resulted; and, lastly, in 6 cases of habitual hemicrania seen in private practice, the remedy produced an almost magical effect. The doses employed were from 3 to 6 grains, and were repeated from three to five times a day.—*Times and Register.*

### ETHYLENE BROMIDE IN EPILEPSY.

Ethylene Bromide, which has so frequently been substituted for ethyl bromide, is being recommended and introduced by Dr. Donath (Wiener Med. Bl., 1891, 279) as a remedy for epilepsy; it is given in doses of 0.1 or 0.3 gramme three times a day. The forms in which it should be administered, owing to insolubility in water, are emulsions: or alcoholic solution largely diluted with milk before taking; or in gelatin capsules with oil of sweet almonds. The remedy, in physical properties, odor, and taste, resembles chloroform; sp. gr. 2.163 at 21° C.; boiling-point, 131° C.; it contains 90 per cent. bromine and is insoluble in water, but soluble in alcohol and fixed oils.—*Pharm. Ztg.*, 1891, 322; *Amer. Journ. Pharmacy.*

### MONESIA BARK.

Decoctions of monesia bark have been prescribed somewhat freely of late, on account of the expectorant and astringent qualities of that drug. An aqueous extract is made and diluted with distilled water to the strength called for by the case. The doses prescribed have been such as would be represented by 3 to 20 grains of the powdered bark. These may be given every two hours in respiratory maladies or in gastro-intestinal disturbances, or when the two conditions are conjointly present. In chronic diarrhœa, also, it is said to give good results.

Rosanoff states that its action is superior to that obtained by the use of senega or ipecac.

### SULPHORICINATED COMPOUNDS.

M. Yvon thinks that sulphoricinated compounds "will have a future as soon as physicians become acquainted with the good results to be obtained from them." He gives the formulæ as follows: Sulphoricinated naphthol —sulphoricinate of soda, 100 grammes; beta-naphthol, 10 grammes; dissolve; add 2 tablespoonfuls to a litre of water. Used as a wash in ozæna. Sulphoricinated phenol—sulphoricinate of soda, 100 grammes; phenic acid (pure), 40 grammes; dissolve with slight heat; dilute the solution if too strong for the case. Used in diphtheria as a paint. Sulphoricinated creasote—sulphoricinate of soda, 100 grammes; creasote, 15 grammes. Used pure or in an emulsion with water as a wash in laryngeal tuberculosis. Sulphoricinated salol—sulphoricinate of soda, 100 grammes; salol, 15 grammes. Used pure or mixed in the proportion of 2 tablespoonfuls to a quart of water, as a wash for ulcers. The sulphoricinate of soda mentioned in the foregoing formulæ is prepared by neutralizing sulphoricinic acid with soda, taking care not to use an excess of soda. It is an excellent excipient and adheres well to the skin.—Paris letter in *Pharmaceutical Record.*

### METRORRHAGIA: SHOULD THIRST BE QUENCHED?

Dr. Jorissenne (Archives de Tocologie, Jan., 1891) combats the principle of allowing plenty of drinking-water to patients exhausted by flooding, whether after labor or in fibroid disease. The practice is advocated on physical and therapeutic grounds. Yet its defenders admit that there is diminution of the plasticity of the blood in these cases, and administer steel and other remedies in order to increase that plasticity. The absorption of enormous quantities of water into the circulation must have the opposite effect. Dr. Jorissenne maintains that the patient should not be permitted to drink freely. Slices of sugared lemon or acidulated drops should be administered in order to quench thirst. The patient, he adds, should be kept in a recumbent posture, with the arms raised; from time to time ammonia may be inhaled. This treatment is especially advisable in women subject to deficiency of colored blood-corpuscles. Eighteen years ago Dr. Jorissenne tried his line of treatment on a woman of 53, who was dying from hæmorrhage after abortion at the third month. She was a stout, anæmic multipara, of violent temper. There was difficulty in removing the placenta, and both plugging and astringent intra-uterine injections failed to check the bleeding. The patient fell into a desperate condition. Dr. Jorissenne noticed that she was continually drinking tumblerfuls of cold water.

Considering that the source of hæmorrhage was being fed, he strictly forbade all drinks, raised the arms, rubbed the lips with vinegar and lime-juice, gave the patient ammonia to inhale, and plugged the uterus again. No drink was allowed for three hours. The patient then rallied and recovered, and is now alive, a healthy old woman. He was successful in 2 other cases of flooding; one after abortion, between the second and third month; the second after a lingering labor, mismanaged by an ignorant midwife. These cases were less serious than that above described, but Dr. Jorissenne was able to commenee his treatment much earlier. He admits that in very plethoric patients this dry treatment of flooding might be harmful if too rigidly enforced.—*Montreal Med. Journ.*

### HÆMORRHOIDS.

| | | |
|---|---|---|
| ℞ Muriate cocaine, | . . . | gr. xx. |
| Morph. sulph., | . . . | gr. v. |
| Atrop. sulph., | . . . | gr. iv. |
| Pulv. tannin., | . . . | gr. xx. |
| Vaselin., | . . . . | ℥j. |
| Ol. rosæ, | . . . . | q. s. |

M. Sig.: Apply after each evacuation of bowels. Of course, contents of bowels should be kept in soluble condition.—*Medical Mirror.*

### ULYPTOL.

Ulyptol is the name given to a preparation brought forward by Dr. Schmeltz, of Nice. It has the following composition:—

℞ Salicylic acid, . . . 6 parts.
Carbolic acid, . . 1 part.
Essence of eucalyptus, . 1 part.

The mixture possesses an aromatic odor and a burning taste. It is almost insoluble in water, but easily soluble in alcohol, chloroform, ether, alcohol, and glycerin, and also in alkaline and ammoniacal solutions. It is, according to Dr. Schmeltz, a most excellent antiseptic, and especially useful in the dressing of wounds.—*Journal de Méd. de Paris.*

### AMENORRHŒA.

A writer in the Revue Med.-chir. des Mal. des Femmes prescribes:—

℞ Bichloride of mercury, . 3 grains.
Arsenite of sodium, . . 3 "
Sulphate of strychnine, . 1½ "
Carbonate of potass.,
Sulphate of iron, . āā 45 "

Make into 60 pills and give 1 pill after each meal.—*Ex.*

### A NEW TREATMENT OF TYPHOID FEVER.

In the Brussels Journal de Médecine, Dr. Tordeus describes as new his method of treating typhoid fever. It consists in a combination of antipyretic and antiseptic measures. The remedies employed are acetanilid as an antipyretic, and resorcin or thymic acid as an antiseptic. The combination of the two bases is not new, in this country, at least, many American physicians having for a long time used antipyretics in combination with carbolic acid, mercuric chloride, salicylic acid, or boric acid, in the treatment of typhoid fever. But the combination of the particular remedies and the results of such combination are novel and worthy of note. By this combination the author has invariably succeeded in reducing the temperature of typhoid-fever patients to about normal, and sometimes even below that point, with such small doses of the remedies as would have produced no effect whatever if used separately. For example, the dose usually employed by Dr. Tordeus was ¾ grain of thymic acid and from 1½ to 2 grains of acetanilid, repeated not too frequently—say once in two hours. If by such doses a typhoid-fever temperature can be reduced from 104° F. to normal or near that point, the antipyretic must be re-enforced by the action of the other drugs, for certainly the quantity of acetanilid alone would produce no such reduction. No unfavorable symptoms were produced in any of the author's cases by the action of the drugs or by the rapid reduction of temperature; and, as his records seem to have been carefully kept, the method seems well worthy of trial.—*N. Y. Medical Journal.*

### ARISTOL IN THE TREATMENT OF FISSURED NIPPLES.

Vinay (Lyon Médical) has recommended the employment of aristol in the treatment of fissured nipples occurring during lactation. He uses it in cases where there is much ulceration and pain. The mixture is as follows:—

℞ Aristol., . . . . 3j.
Liq. vaselin., . . . 3v.

This is to be applied to the breast, and carefully wiped off before the child nurses. After its employment the pain diminishes and cicatrization goes on rapidly. In cases in which the glands become much involved this preparation of aristol may be rubbed into the enlargement with advantage.—*Archives of Gynæcology; Times and Register.*

### SUBCUTANEOUS INJECTIONS IN PULMONARY PHTHISIS.

The following formula for the subcutaneous injection of creasote is proposed by Cassin and Toussaint:—

℞ Creasote, . . . . 3j.
Oil of sweet almonds, . . 3ss.

According to Cassin, the injection should be made into the tissues immediately below the scapula, and deep enough to get into the loose cellular tissue.

Gimbert employs creasote, 2½ drachms, and olive-oil, 5 ounces, thoroughly sterilized. For the thorough sterilization of the oil, it is sufficient to raise the temperature to 120° C. The injection should be made very slowly, and the fingers should be placed over the orifice made by the needle when it is withdrawn, in order to prevent any of the liquid from escaping. In from five to ten minutes the breath of the patient has the characteristic odor of creasote, and this odor persists for several hours. The injections may be practiced every two days. The result of their use is a diminution in the expectoration, a return of

the appetite, and a disappearance of night-sweats. Gimbert asserts that he obtains definite cures by this method of treatment.

The contra-indications to the employment of creasote are fever and hæmoptysis. It is thought that the value of its use depends upon pulmonary hyperæmia. Those patients who have the chronic form of phthisis and little fever present the best opportunities for successful treatment.—*Med. News; The Prescription.*

GLUCOSE TO COVER THE TASTE OF IODINE.

The administration of iodine uncombined is usually objectionable to the patient, yet in many chronic disorders it is preferred by some practitioners to any of its saline combinations. Its difficult solubility in water alone is a hindrance to giving it in this condition, owing to the quantity of a simple aqueous solution necessary for a dose. Sugar not in its ordinary condition is unsatisfactory as an admixture, but it is found that glucose can be utilized much more acceptably. Dr. F. P. Mann, of San Francisco, suggests the following formula, and prefers that the form of glucose should be that of molasses, and that the mixture should be made for at least one day before it is administered:—

| | | |
|---|---|---|
| ℞ | Iodinii, | ℥ss. |
| | Potass. iodidi, | ℥iiss. |
| | Aquæ pura, | ℥iv. |
| | Syrup. fuscus, | ℥xij. |
| | Ess. gaulth., | ℥ij. |

M. ft. sol.

Sig.: Take teaspoonful between each meal, with a little water.—*Pharm. Record.*

PERNICIOUS ANÆMIA.

Handford reports a case (Brit. Med. Jour.) that recovered, under the use of arsenic, pushed until well-marked pigmentation ensued. —*Times and Register.*

CARBUNCLE.

| | | |
|---|---|---|
| ℞ | Ichthyol, | ℥j. |
| | Camphorated lard, | ℥ss. |

M. This salve is to be applied three times a day around the inflamed area, and if the surface has become broken the tissues are to be touched with nitrate of silver. It is said that the ichthyol diminishes pain, favors the resolution of the swelling, and aids in cicatrization.—*Medical News; The Prescription.*

CONJUNCTIVITIS.

For simple conjunctivitis, Professor Keyser recommends:—

| | | |
|---|---|---|
| ℞ | Acidi borici, | gr. x. |
| | Aquæ destil., | ℥j. |

To be dropped into the eye three or four times daily; if this does not suffice, acetate of zinc or sulphate of zinc, gr. ss. to ℥ of water, may be used.—*Times and Register.*

THE TREATMENT OF STAMMERING.

According to returns founded upon German statistics collected during the last sixteen years, the average number of stammering school-children in Berlin and elsewhere amounts to about 1¼ per cent. of the total number in attendance. The causes of this defect and the appropriate method of dealing with it are discussed by Mr. E. J. Seltman, in Phisique. He observes it is needless to seek for etiological conditions in the organs of speech themselves, or even in the nerves associated with them. The stammerer, if his mind is at ease, does not stammer. It is in the presence of circumstances, varying in different cases, which to him suggest some imaginary difficulty, that his impediment becomes apparent. Concurrently with this comes a feeling that he must speak. Intelligence and will together urge him to do so; the purpose is met by his conscious unreadiness, and the consequence is the marred result with which he himself and his companions are painfully familiar. His impediment, therefore, is imaginary. The remedies appropriate to his condition, if somewhat slow in operation, are not far to seek. They consist essentially in a change, a disentanglement of his perverted mental energies. All mental shock is to be strictly excluded. The habit cannot be cured by order. He must be approached with tact, and habitually addressed in a quiet, slow, and deliberative manner. His imitative instinct will copy the method, and fluency will usually succeed the faculty of correct utterance thus engendered. When we reflect upon the frequently high intelligence of stammering children, the drawback imposed upon their education by this unfortunate habit, and its equally hurtful influence upon their usefulness as adults, we cannot too strongly impress the necessity of its early and methodical treatment. A course of three months will often suffice to attain the desired results.—*Lancet.*

THE
# Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, Oct., 1891.

## *THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.*

IT is an obvious proposition that interested, prolonged, and repeated effort is the training best calculated to secure special familiarity with any department of art or science. It must often occur to us that he who spends his life in the practice of a limited and monotonous occupation may acquire unrivaled skill in manipulation and a thorough knowledge of the subject with which he deals, within the narrow boundaries of its province. A singular acquaintance with, at least, osteology may be gained, for instance, by one like Mr. Venus, articulator of "human warious," or a late well-known dissecting-room janitor of this city. And, if this principle be true on a small scale, and concerning uneducated men, its truth is emphasized when applied to the pursuits of men of intellect and education. At the latter end of the nineteenth century it is possible, indeed, for the student of a physical science to make a comprehensive general survey of its field, but the term of human life will not allow him to acquire an equally exact knowledge of all its parts. One may know, by precept and practice, the fundamental laws of chemistry, but cannot be equally familiar with chemistry as applied to the arts and manufactures, or with the same science in relation to vegetable and animal bodies. Similarly, within the domain of physics, the mineralogist may be comparatively unacquainted with the apparatus by which electrical manifestations are studied.

These considerations apply with peculiar force to the art of medicine. This noble and difficult art, founded upon a study of structure and function, reposes upon a scientific basis; yet how vastly more profound are the physics and chemistry of living than of dead matter! Our profession is the study of life under normal and abnormal conditions, of life in health and disease.

Three hundred years ago it was possible for the physicist, chemist, botanist, zoölogist, astronomer, or physician to acquire a knowledge equally precise of all the departments or ramifications of his chosen study, but such wide familiarity is no longer possible in this day and generation. The piercing eye of genius may, as by a flash of inspiration, perceive the relations or connecting links which bind together different branches of science; but even the genius, in such brilliant collocations, must rely upon the narrower but painstaking and exact labors of his fellow-students. A master-mind, such as Darwin, Schleiden, or Virchow, may extend the scope of science by vast generalizations, but these extensions only become possible after the acquisition of a large mass of facts. The work of Hunter, Bichat, Pasteur, and Koch constitute epochs in the progress of science. In the meantime the toilers can but observe and record.

This is Nature's order, and attention to the history of any of the physical sciences will show us that it is in this way they have advanced, by the patient accumulation of facts, by the deduction of laws from a study of facts, by the induction of new facts from a study of laws.

Doubtless, the fundamental laws of cell-life are analogous, whether those cells be situated in lung, nervous tissue, larynx, ear, urethra, or womb. Doubtless, disturbances of nutrition, of mechanical or chemical origin, must operate in a similar manner, or, rather, according to similar methods in the various structures of the human body. The physician and surgeon must possess a competent understanding of the pathology of inflammation, and, in the light of this knowledge, can interpret anatomical lesion and disturbed function wherever manifested. Yet, it follows without question, that he whose practice leads him daily and hourly to observe disease of the larynx, the eye, or the womb, must necessarily become more expert in recognizing disease of those organs than he whose duties seldom lead him to make such examination. This assertion is the plainest common sense. It is an equally indisputable truth,

though, perhaps, it is more often overlooked, that none can begin the study of larynx, eye, or womb without prior experience with the problems of general disease. The specialist should be an outgrowth or evolution from the general practitioner, and not a mere product of restricted training. The occasional neglect of this requirement contains, we conceive, all there is of truth in the accusation that specialists are narrow in their views. No specialist who has had the training of general practice can be narrow. Mistakes he may make, indeed, but of whom may not this be said?

But to argue in favor of specialism is, in these days, to fight with a man of straw. Specialism in medicine is an accomplished fact. The laudable custom has become established among specialists of banding themselves together in societies for the periodical discussion of problems relating to their pursuits. The meetings of these societies stimulate the intellectual enthusiasm of their members and sow the seed of fresh thought and labor.

It is with pleasure that we record the formation of a new special society, the initial meeting of which was held in Philadelphia from September 24th to 26th inclusive. We refer to the American Electro-Therapeutic Association, which differs in so far from other associations that it is devoted to the study of a powerful therapeutic force,—one too little understood and too generally underestimated or neglected. Its members, consequently, are those who have found electricity of value in the management of disorders, whether of the urethra, uterus, skin, or nervo-muscular system. In this respect it is unique among societies.

But the purposes of the American Electro-Therapeutic Association are so fitly described by its president, Dr. G. Betton Massey, of Philadelphia, that we cannot better commend the new organization than by the quotation of certain pregnant sentences from a copy now lying before us of the presidential address.* Dr. Massey is widely known as a diligent and thoughtful cultivator of electro-therapeutics, especially as applied to gynæcology. His large experience both in public and private practice and his position as a teacher and writer entitle his utterances to the attention of his hearers or readers. Of the Association, its president says: "Narrow in one sense, it is in another sense nearly as broad as medicine itself, since there are but few departments of medical work unrepresented in our present programme. . . . The members of this Association are not exclusively devoted to the questions to be considered here. They are rather a company of special workers in diverse departments, seeking greater expertness in the administration of a certain therapeutic force."

A fact of prime importance, as regards the welfare of our patients, is tersely and aptly expressed in the following sentence: "There is always a vast difference between the merely cultured man and the expert; the one delights us, but to the other we turn for the advancement of human knowledge and for real help in the crises of life." The patient has the right to demand from the medical adviser the utmost attainable skill, diagnostic and therapeutical. If this help be not secured much needless suffering may be endured, much danger or sacrifice of life be incurred. Concerning the evolution of the specialist, our author has this to say: "A demand for experts creates a demand for expert training. . . . To meet the emergency there have, fortunately, grown up of late two agencies: the one, the post-graduate college, to teach ordinary skill; the other, the special society. . . . Thoughtless men neglect both, but the wise see in such agencies the means of advancing personal knowledge of the practical needs of their work. It is to be hoped that their establishment will quicken an evolutionary process in our profession that will finally develop it into an ideal organization of skilled, interdependent workers; when each member, profoundly cultured in the universal sciences of medicine, will yet confine his work to that branch in which he is skilled. . . . Well might we beg a modern addition to the ancient Hippocratic oath in which the medical man swears not 'to cut for stone;' an addition that would compel the non-expert to forever refrain from assuming responsibilities to which his training has been insufficient." As a scien-

* "A Plea for the Associated Cultivation of Special Expertness in Medicine," being the presidential address delivered at the First Annual Meeting of the American Electro-Therapeutic Association, held in Philadelphia, September 24 to 26, 1891, by Dr. G. Betton Massey.

tific body the Association is warned to study the failures as well as the successes of electricity: "There should be no nobler work for this Association than sifting the ancient claims for electricity, particularly in certain diseases of the nervous system, and establishing either their falsity or the conditions under which they are true. All remedial agencies are environed with limitations which vary with the dose used, the condition of the patient, etc., and this is particularly true of the one under consideration, which may in turn be a calmant, a stimulant, an absorbent, a solvent, and a destructive agent." An important truth is concisely expressed in the last sentence. Who would dream of ordering opium without the preparation, the dose, the periods at which the remedy was to be taken, etc.? Why, then, should a much more powerful agent be given in a haphazard way, without thoughtful regard to the manner of its employment? "The broad question," Dr. Massey proceeds to say, "of the value of electricity in a certain disease should be subordinated here to exact data of the kind of current used, the disease, the duration and frequency of treatment, and the nature and position of the electrodes. All these should be specified before a claim is made that this agent is worthless in a given disease, since a different combination of the same factors and conditions might have led to success."

The Presidential Address is a model of perspicuity, and possesses an eminent virtue in its avoidance of prolixity. It contains no unnecessary repetitions. Every sentence and every word have their value, and his hearers and readers are entertained and instructed without being fatigued.

The meeting was attended with enthusiasm and success, and we hope and believe that a brilliant future is before the Association. Electricity has not been sufficiently used in medicine, and too often it has been used injudiciously and without understanding. Consequently, electrotherapy has sometimes had to bear undeserved reproach. Such reproach, however, is powerless to resist the advance of a worthy method.

During the three days' session a number of excellent papers were read. We will only, in a word, allude to Dr. Rockwell's "Historical Survey of Electro-Therapeutics in America;" Dr. Robert Newman's paper on "Electricity in Carcinoma;" Dr. Kellogg's, on "Uterine Myomata;" Dr. Massey's, on "Electro-puncture, as Applied to Fibroid and Ovarian Tumors;" Dr. Gray's, on the "Analgesic Effects of Galvanism;" Drs. Cutters', on "Some New Features in the Therapy of Galvanism." It is invidious, perhaps, to signalize a few out of the many valuable communications offered. We hope, however, that our readers will have the opportunity, in time, of consulting all these memoirs in the published transactions of the Association. To but one title shall we further allude, and that merely since it illustrates the discriminating study of the good or bad effects of the force, viz., Dr. H. E. Hayd's paper on "Two Cases of Fibroids Where Electricity Ceased to Control Hæmorrhage After a Time, Although Eminently Satisfactory at First."

## MEDICAL NEWS AND MISCELLANY.

THE Gold Medal of Science has been awarded to DuBois-Raymond, of Berlin.

DR. AUGUSTUS MCSHANE has purchased and will edit the New Orleans Medical and Surgical Journal.

THE new Professor of Practice of Medicine in Michigan University is Dr. George Dock, of Galveston, Texas.

THE Tri-State Medical Society will meet in Chattanooga, Tennessee, on Tuesday, October 27th, and continue in session three days.

DR. W. H. WALLING has returned from his summer sojourn in Atlantic City, and has taken the house No. 2009 Arch Street, Philadelphia.

MEDICAL EDITORS are invited to a conference at St. Louis during the meeting of the Mississippi Valley Medical Association, October 14, 15 and 16, 1891.

DR. JAMES STEWART has been appointed Physician to the Montreal General Hospital, *vice* Dr. R. L. MacDonnell, deceased, and Dr. F. G. Finley Assistant Physician to the same institution.

STATUE OF GROSS.—The Treasury Department at Washington has decided that a statue of the late Professor Samuel D. Gross, which will he erected in Washington by the American Surgical Association, shall be admitted free of duty.—*Ex.*

ICHTHYOL.—The Korrespondenz Blatt f. Schweizer Ærzte recommends ichthyol in 20-per-cent. vaselin salve as a re-absorbent in pleuritic exudates.

THE Alvarenga Prize for 1891, of the College of Physicians of Philadelphia, has been awarded to Dr. L. Duncan Bulkley, of New York, for his essay on Syphilis Insontium.

TRICHINOSIS.—Every hog now killed in Chicago is examined for trichinæ. A staff of thirty microscopists is kept at work daily. The pork is now guaranteed free from disease under a government seal.—*Phys. and Surgeon.*

THE HYGIENE OF INFANTS.—A prize of one thousand francs ($200) is offered by the French Academy of Medicine for the best essay on the Prophylaxis of Syphilis during Lactation. These in competition must be in the hands of the Academy before the 1st of March, 1892.

A QUAINT EPITAPH.—The following quaint epitaph on husband and wife—the husband having died first—is to be seen in one of the Parisian cemeteries: "I am anxiously awaiting you.—A.D. 1827." "Here I am.—A.D. 1867." The good lady had taken her time about it.—*Ex.*

ANTHEMIS COTULA (mayweed) has recently been examined by W. H. Haake, Ph.G. (Am. Jour. Pharm.), who states that in addition to the usual plant constituents, it contains small quantities of a bitter principle which has properties of a glucoside, valerianic acid, and a volatile alkaloid.—*Pharm. Record.*

CAMPHOR A SOLVENT FOR IODOFORM.—Camphor increases the solubility of iodoform in alcohol and ether. While one hundred parts of alcohol ordinarily dissolve not more than one and one-fourth parts of iodoform, the same amount of a saturated solution of camphor is capable of taking up as much as ten parts.—*American Practitioner and News.*

PROFESSOR JAMES E. GARRETSON has given up his city residence, and makes his home in Lansdowne, where he has built himself an elegant residence. Now that "John Darby" has joined J. Gibbons Hunt and John J. Reese at Lansdowne, this rapidly-growing suburb bids fair to rival Haverford as a centre of culture.—*Times and Register.*

HYDRASTIS CANADENSIS FOR NIGHT-SWEATS.—Cruse has used the fluid extract of hydrastis Canadensis with very good results in the night-sweats of phthisis. He gives it in doses of thirty minims, and often finds that the dose does not have to be repeated for some time.

*Teacher*—"Late again, Johnny! Remember, Johnny, it is the early bird that catches the worm."

*Johnny*, solemnly—"I already got 'em."—*Ex.*

PUNISHED FOR BETRAYING A PROFESSIONAL SECRET.—A prominent gynæcologist in Germany was recently found liable for $1600 damages, besides being condemned to pay a fine of $100, for having published clinical notes of some of his cases in a gynæcological treatise. His fault consisted in publishing the names of his patients in conjunction with the clinical accounts of their cases.—*Med. Record.*

PILOCARPINE IN ITCHING OF JAUNDICE.—Dr. Goodhart (Br. Med. Jour.) has used pilocarpine successfully in relieving the itching of jaundice in six cases, with not a single failure. One patient had one-third of a grain injected many times, and always with this result, that during the first twenty-four hours he was quite free; the second he was fairly free, and the third he was considerably troubled again, and the dose had to be repeated. When we consider that there is really nothing that can be relied upon to relieve this distressing symptom of jaundice, Dr. Goodhart's plan may prove of service.—*Western Med. Rep.*

ACCORDING to the Pharmaceutical Journal of Australia, the practice has been introduced into Victoria, on the recommendation of Baron von Mueller, of placing green branches of eucalyptus in sick-rooms as a disinfectant. Dr. Curgenven states, after twelve months' trial, that in cases of scarlet fever, if the branches be placed under the bed, the bedding undergoes thorough disinfection, the volatile vapor penetrating and saturating the mattress and every other article in the room. Its vapor is also said to have a beneficial effect upon phthisical patients, acting not only as an antiseptic, but as a sedative and to some extent as a hypnotic.—*Pharm. Jour. and Transactions.*

SULPHIDE OF CALCIUM IN PHTHISIS.—Dr. Witherle, of St. Paul, in a note in the Medical Record of January 7, asks physicians to make a trial of the sulphide of calcium in early phthisis. Dr. Witherle has used the drug a number of times and always with marked benefit, and, although the benefit has not been permanent in advanced cases, in at least two cases of well-marked phthisis in the early stages there has been a complete recovery. The drug is to be given in as large a dose as can be tolerated, which is usually found to be a grain every two hours. The British Medical Journal for December 24th has a note from a physician in Ceylon, who has used the sulphide of calcium successfully in elephantiasis arabum, a disease hitherto uninfluenced by medicine and supposed to be due to the presence of filaria sanguinis hominis. It should be remembered that sulphide of calcium deteriorates if exposed to the air, and must either be fresh or preserved in gelatin-coated pills.—*Western Med. Rep.*

An apt illustration of the mendacious nature of the average newspaper medical advertisement recently occurred in New York. The "Institute of European Staff Physicians" guaranteed, in the German papers, cures of all diseases. The Germans flocked in hundreds to the "Institute" to receive from "Dr." Beekman, the chief and only member of the "Staff," a "colored liquid and a sweet pill." The New York County Medical Society's attorney had "Dr." Beekman arrested, who broke down and confessed that he was not a physician, but had been the servant of a German army surgeon. The liquid was a solution of salt and the pills were bread pills. The usual illustrated certificates of "Dr." Beekman's "skill," with bread pills, had ornamented the advertising columns of the papers for months.—*Med. Standard.*

Medical Bureau of the World's Columbian Exposition.—This Bureau was organized June 1, 1891. The staff consists of John E. Owens, M.D., Medical Director; W. H. Allport, N. R. Yeager, S. C. Plummer, Assistant Surgeons. The Bureau took charge of the medical, surgical, and sanitary inspection work on the grounds, July 1, 1891, and is now in active operation. The present Bureau operating during the construction period will be the nucleus of the medical service of the World's Fair. It is the intention of the Medical Director to make the records of the Bureau as complete as possible from a statistical and historical stand-point, and to furnish at the close of the service a report which will be valuable in the organization of the medical bureaus of future expositions.—*Univ. Med. Mag.*

According to Popular Science News, a lieutenant in command of one of Her Majesty's gun-boats deemed the responsibility of the charge of the medicine-chest too much for him. Immediately she was off soundings the gallant officer mustered all hands and divided the contents of the chest equally, so that each had "his whack and na mair." There is another naval yarn in this connection well worth mentioning. A man-of-war doctor, whose name is unfortunately lost to posterity, had a simple method of locating a man's ailment and alleviating it (save the mark) by drastic and infallible remedies. He would tie a piece of tape around the waist of the complaining mariner, and command him to declare whether his pain existed above or below the tape. If above, an emetic, and if below a dose of salts, followed as a matter of course.

Phenacetin in Pertussis.—Dr. Irwin, of Sabetha, Kan., says (Archives of Pæd.) phenacetin is unquestionably of great value in pertussis. In doses of from one to five grains every two to five hours, according to age or severity, I have been well satisfied with the result in a number of cases. About one year since I reported a case in the Archives, giving my experience with phanacetin in pertussis. Since that time I have passed through a severe epidemic of the disease, and have administered it to all ages, with relief in every case, and in some beyond my expectations, giving relief where the paroxysms threatened suffocation before its administration. In no case has its use been followed by any unpleasant results. As before, it was administered in glycerin, which is its best solvent, and I claim that its use will relieve in all cases, and cut short the duration of the disease. As far as I know, I was the first to claim its merits in this disease.—*Arch. of Gynæcology.*

The late Dr. Yandell was fond of telling the following joke on himself: A lady patient of his, on entering his consultation-room one morning, greeted him with the remark, "Doctor, I had such a singular dream about you last night." "Indeed," said the doctor; "what was it?" "Why, I dreamed that I died and went up to heaven. I knocked at the golden gate, and was answered by St. Peter, who asked my name and address, and told the recording angel to bring his book. He had considerable difficulty in finding my name, and hesitated so long over the entry when he did find it, that I was terribly afraid something was wrong; but he suddenly looked up and asked: 'What did you say your name was?' I told him again. 'Why,' said he, 'you've no business here. You're not due these ten or fifteen years yet!' 'Well' said I, 'Dr. Yandell said—' 'Oh, you're one of Dr. Yandell's patients, are you?—that accounts for it. Come right in! come right in! that man's always upsetting our calculations in some way.'"—*Vis Medicatrix.*

Naphthalin as a vermifuge is now receiving much attention, and its use in doses of 4 to 8 grains for children and 15 for adults is said to be almost invariably followed by the complete expulsion of the tape-worm, and this, too, in cases where other drugs have failed.—*Pharm. Record.*

Chemical Paradoxes.—"You call me red," said the rose, "yet I have every color save the one you assign me."

"I may appear to be gloomy and dark," said the piece of black ore, "yet so great is my love of light that every passing ray I seize upon, and every color of the rainbow do I hold in secret possession."

"I must confess that the shimmer and brightness about me are more apparent than real," said the white spar; "more borrowed than inherent. I am so constituted that I have an ineradicable antipathy for all light, and every approaching ray is repulsed and thrown off by me."—*Pharmaceutical Era.*

"HAY FEVER," said the moderator, at the Influenza Convention, "may be likened to a tie vote." "Hear, hear!" cried the audience. "The eyes and nose both appear to have it."—*Chemist and Druggist.*

IT is announced that the question of allowing the employment of women in pharmacies has recently been under the consideration of the Ministry of Public Instruction in Russia, and that a resolution has been arrived at to permit their entry into the business in that country as apprentices. Before being allowed to practice, however, they will have to pass an examination in Latin equal to the standard of the fourth class in the gymnasium.—*Pharm. Journal and Trans.*

ACETONURIA RESULTING FROM INDIGESTION.—Lorenz, in an exhaustive review of the literature of acetonuria and an analysis of 81 cases of disturbance of digestion either from disease of the gastro-intestinal canal or reflex, has arrived at the following conclusions: That acetonuria from indigestion must be added to the previously considered forms of acetonuria. In cases of indigestion, the difference between the clinical symptoms of acetonuria is but slight. Albuminuria does not depend upon the effect of acetone or acetic acid. Acetone has been demonstrated in the contents of the stomach and of the intestine almost constantly in primary diseases of the canal; but in secondary or nervous diseases it has seldom been found.—*Southern Clinic.*

A RESURRECTION BONE.—Throughout the middle ages it was believed that there existed in a man a bone imponderable, incorruptible, incombustible, the necessary nucleus of the resurrection body. Belief in the resurrection of the physical body, despite St. Paul's Epistle to the Corinthians, had been incorporated into the formula made many centuries after his time and called the Apostle's Creed, and was held throughout Christendom "always, everywhere, and by all." This hypothetical bone was, therefore, held in veneration, and many anatomists sought to discover it. Vesalius, revealing so much else, did not find it, and was, therefore, suspected of a want of proper faith. He contented himself with saying that he left the question regarding the existence of such a bone to the theologians. He could not lie, he did not wish to fight the Inquisition, and thus he fell under suspicion. The strength of this theological point may be judged from the fact that no less eminent a surgeon than Riolan consulted the executioner, to find out whether when he burned a criminal all the parts were consumed; and only then was the answer received which fatally undermined this superstition. Still, in 1689, we find it lingering in France, creating an energetic opposition in the Church to dissection. Even as late as the eighteenth century, Bernoulli having shown that the living human body constantly undergoes a series of changes, so that all its particles are renewed in a given number of years, so much ill-feeling was drawn upon him, especially from the theologians, who saw in this statement danger to the doctrine of the resurrection of the body, that for the sake of peace he struck out his argument on the subject from his collected works.—*Popular Science Monthly; Cleveland Med. Gazette.*

THE following is said to have happened in a certain Bible class at a very noted female college in Virginia:—

*Lady Teacher*—Miss Annie, what do you understand by the word "circumcision" used in to-day's lesson?

*Miss A.*—It is taking the scalp off of a male baby when eight days' old.—*So. Med. Record; Southern Practitioner.*

AMERICAN RHINOLOGICAL ASSOCIATION.—The Ninth Annual Meeting of the Association will be held in Indianapolis, Ind., October 6, 7, and 8. The meeting promises to be an interesting one. Papers are promised, among others, as follows: "Nasal Stenosis from Inflammatory Action," by Dr. Christopher, St. Joseph, Mo; "The Abuse of the Galvano-Cautery in the Treatment of Diseases of the Ear, Nose, and Throat," by Dr. Cheatham, Louisville, Ky.; "Sarcoma of the Nasal and Pharyngo-Nasal Cavities," by Dr. Reinbold, St Louis, Mo.; "The Voice Treatment of the Nose and Throat," by Dr. Hobbs, Atlanta, Ga.; "Surgery of the Nasal Fossæ," by Dr. North, Toledo, O.; "When Ante- and when Post-Nasal Catarrh," by Dr. von Klein, Cleveland, O. Other papers are promised, and some from applicants for fellowship in the Association.

President, Dr. R. S. Knode, Omaha, Neb. Secretary, Dr. E. R. Lewis, Indianapolis, Ind. Inquiries may be addressed to either of the above officers.

DR. J. REED CONRAD.—Dr. J. Reed Conrad died of pneumonia, August 12, 1891, at his residence on Twenty-second street, in Philadelphia, at the age of 34. He was a descendant of the Conrad family which, with thirteen other German families, became converts to Quakerism under the teachings of William Penn, and emigrated to America in 1682, and were the first settlers of Germantown.

Dr. Conrad graduated from the Medical Department of the Pennsylvania University in 1879, and was actively engaged in his professional

work until his fatal illness began. His devotion to his duty was constant, and his many lovable qualities brought him friends wherever he went. He held active appointments in some of the most prominent medical institutions in this city. He was Chief of the Chest Clinic in the Philadelphia Polyclinic; Physician to the Out-Patient Department of the Rush Hospital for Consumption, and Chief of the Medical Department of the Union Dispensary. His opportunities for the investigation of disease were of the best, and he took advantage of them with exceptional zeal and enthusiasm. He had a great longing to make the diseases of the chest his life-study, and one of the very disorders, the investigation of which always gave him unfailing interest, was destined to become his mortal enemy. So far as the writer knows, his literary contributions to medicine were limited; but at the time of his death he was engaged in gathering clinical material for a paper on the relationship between chest-pains and certain cardiac lesions. He was laid to rest, August 17th, in Laurel Hill Cemetery.—*Med. and Surg. Rep.*

Cocaine and Antipyrin Combined as a Local Anæsthetic.—Dr. E. Stuver (Hygiea) praises a solution of five parts of cocaine and fifteen parts of antipyrin in one hundred parts of water as a very efficacious local anæsthetic for minor surgical operations. The action of this mixture he states to be more intense and lasting longer than that of cocaine alone. It has also been successfully employed in cases of obstinate vomiting.—*Cincinnati Lancet-Clinic.*

Histological and Bacteriological Research in Leprosy.—Gianturco (Giornale della Associazione Napolitana di Medici e Naturalisti, 1890, fasc. 4, p. 403) obtained fragments of cutaneous lepromas from the body of a man who had been affected with mixed leprosy. Histological examination showed these lepromas to contain a great number of bacilli. According to Gianturco, the localization of the bacilli lepræ and their relations to the cellular elements vary during the period of the morbid process. In the most recent nodules the bacilli are almost all present in the cellular elements, and the rounded zoöglœa mass which is formed later is not then produced. At a more advanced stage the bacilli multiply, forming a globular mass, rarefying the cellular protoplasm in which vacuoles form. The nucleus is in turn invaded, is badly colored, atrophies, and then, probably in consequence of the destruction of the cell, the masses of bacilli become free in the lymphatic channels. Gianturco has confirmed the existence of the same lesions in the lepromas of the larynx. In the liver he found an increase of the interstitial tissue under the orm of embryonic cells, and, in places, true nodules continuous at their periphery with the interacinous connective tissue. The hepatic cells are in a general way intact, especially those of the centre of the lobule, yet those of the periphery of the lobule may present adipose infiltration and granulations of biliary pigment; their nuclei, swollen at the commencement, afterward present vacuoles. The lymphatic glands contained, both in the medullary and cortical substance, leprous nodules showing a giant cell at their centre. With the juice of a cutaneous (not ulcerated) leprous nodule, Gianturco made inoculations on blood-serum and on glycerin-agar, the tubes being kept at a temperature of 37° C. Cultures developed in all the tubes, one of which presented, at the end of seven days, an isolated colony of the size of a hemp-seed, somewhat projecting from the surface of the agar, of a grayish color, and perfectly similar to the colonies of bacilli lepræ described by Bordone-Uffreduzzi. The bacilli of this colony were of variable length, with clear spaces, and some coloring strongly and possessing a terminal swelling. Inoculations made with these bacilli on glycerin-agar gave rise, at the end of two days, to colonies which developed somewhat rapidly on the surface of the agar. On glycerin-serum they developed rather quickly, but on the agar alone the development was very slow and the colonies much smaller than on glycerin-agar. They did not develop on other media. The colonies were rounded, with finely serrated borders, scarcely projecting from the surface of glycerin-agar, a little more prominent on glycerin-serum. They were of a grayish color, appearing a little yellow on the serum, and resembling small leaves of trefoil when developed along the line of inoculation. They developed well at 37°, but the growth was arrested at 20° to 25°, the faculty of development being preserved for a long time. The above bacteriological researches support the statements made by Bordone-Uffreduzzi, but it must not be forgotten that other observers, and especially Campana, who has devoted much time to the matter, have never succeeded in cultivating the bacilli lepræ.—*British Medical Journal; N. O. Medical and Surgical Journal.*

The Use of Kava in Gonorrhœa.—This drug is recommended by Dupony and Gubler as almost a specific in the treatment of gonorrhœa and leucorrhœa. The active principles of the plant are a resin and a crystalline substance, called by Gubler, kavaine. The administration of kava in gonorrhœa increases the urinary secretions, reduces inflammation, and quiets pain. It has the advantage over balsam of copaiba, in that it has a pleasant taste and does not affect the stomach unpleasantly. The plant is a native of the islands of the Pacific.—*Deutsche Medicinal Zeitung.*

VINEGAR FOR URTICARIA.—After trying many remedies in a severe case of urticaria, Mr. Swain found a vinegar lotion gave almost instant relief, and subsequent trials in other cases have been equally successful. One part of water to two parts of vinegar is the strength most suitable.—*British Medical Journal.*

TRANSMISSIBILITY OF SYPHILIS.—As published in his magnificent "Atlas of Venereal and Skin Diseases," Professor Morrow's conclusions in reference to the hereditary transmission of syphilis are:—

1. A syphilitic man may beget a syphilitic child, the mother remaining exempt from all visible signs of the disease; the transmissive power of the father is, however, comparatively restricted.

2. A syphilitic woman may bring forth a syphilitic child, the father being perfectly healthy; the transmissive power of the mother is much more potent and pronounced, and of longer duration than that of the father. When both parents are syphilitic, or the mother alone, and the disease recently acquired, the infection of the fœtus is almost inevitable; the more recent the syphilis, the greater the probability of infection and the graver the manifestation in the offspring.

3. While hereditary transmission is more certain when the parental syphilis is in full activity of manifestation, it may also be affected during a period of latency when no active symptoms are present.

4. Both parents may be healthy at the time of procreation, and the mother may contract syphilis during her pregnancy and infect her child *in utero*. Contamination of the fœtus during pregnancy is not probable if the maternal infection takes place after the seventh month of pregnancy.—*Weekly Medical Review.*

THE INFLUENCE OF DIET ON THE GROWTH OF HAIR (By E. D. Mapother, M.D.).—Several cases of shedding of hair after influenza have confirmed my opinion that diet has much to do with the production and with the cure of symptomatic alopecia. Hair contains 5 per cent. of sulphur, and its ash 20 per cent. of silicon and 10 per cent. of iron and manganese. Solutions of beef, or, rather, of part of it, starchy mixtures, and even milk, which constitute the diet of patients with influenza and other fevers, cannot supply these elements, and atrophy at the root and falling of hair result. The color and strength of hair in young mammals is not attained so long as milk is their sole food. As to drugs, iron has prompt influence. The foods which most abundantly contain the above-named elements are the various albuminoids and the oat, the ash of that grain yielding 22 per cent. of silicon. With care these foods are admissible in the course of febrile diseases, when albumen is the constituent suffering most by the increased metabolism. I have often found a dietary largely composed of oatmeal and brown bread greatly promote the growth of hair, especially when the baldness was preceded by constipation and sluggish capillary circulation. Those races of men who consume most meat are the most hirsute. Again, it is well known in the Zoological Gardens that carnivorous mammals, birds, and serpents keep their hair, feathers or cuticle in bad condition unless fed with whole animals, and the egesta contain the cuticular appendages of their prey in a digested or partly digested state. It is also an old, well-proven fact that a closely restricted diet, cheese for example, soon produces in dogs a loss of hair. In treating fevers, a long course of non-nitrogenous diet may promote seborrhœa, which is so often a concomitant of the alopecia. When the special nutritive supply is secure, the depressed condition of the vasomoter and trophic nerves proceeding from the cervical ganglia to the scalp may be stimulated by blisters and liniments at the back of the neck. I have always found that friction of the scalp with pomades and lotions dislodges many hairs which might otherwise remain, and that cold or tepid baths with salt added and rough rubbing of the rest of the body will flush the capillaries of the affected part more effectually. Besides, when pomades are used, frequent washing becomes necessary, and this is conducive to baldness.—*Brit. Med. Journal.*

*Mrs. B.* (indicating passer-by)—"That man is dressed to kill."

*Mr. B.* (admiringly)—"What discernment you have, my dear. That is Dr. Paresis, out making professional calls."—*Ex.*

THE CONFEDERATE ARMY SURGEON'S EXAMINATION BEFORE THE C. S. ARMY MEDICAL BOARD.—I had often before the war been catechised by very distinguished professors, and always succeeded in impressing them with the belief that I was proficient in the healing art. I now had to face a very different tribunal. A real Confederate Examining Board is a very different body of men from the faculties of the University of Virginia and the Jefferson Medical College of Philadelphia. These learned Southern experts held certain doctrines and fine-drawn theories that no other people held. The first proposition that startled me was the differential diagnosis between a Confederate soldier and any other soldier from a surgical stand-point. I knew of several intellectual peculiarities of the Confederate soldier that no other soldier possessed. One was that he would receive Confederate money for his services—an act that no other sane individual would commit. But that his physical being

differed from that of other men, and that he demanded a different system of medical and surgical treatment than other people, I was not prepared to admit. My examination was not difficult, but peculiar. I recognized one member of the Board of Examiners as a classmate. I had spent many months with him in the lecture-room of the University. As a medical student he was dignified and silent. He rarely condescended to answer any question addressed to him in class. He left that institution of learning without a diploma, but his father possessed cash, and a voyage to the city of Paris no doubt gave him a passport to an elevated position in the medical department of our new government. Another member was eccentric. He died by suicide soon after the war. One other member owed his promotion to nepotism—a very common disease at that time. A fourth member was very drunk. He died in that way soon after my examination. The fifth and last member was a scientific gentleman and thoroughly qualified for the responsible position he occupied. The only peculiarity of disposition that marked these learned and privileged gentlemen was the punctuality they displayed in drawing their salaries in Confederate money, and in writing quaint essays on diseases incident to Confederate soldiers and gunshot wounds of the human intellect generally. I enjoyed the rare good fortune of reading several curious productions of this sort before my examination, and it is probable my good luck and success in passing this comical ordeal may be ascribed to that accident. One of these professional sages held that gunshot wounds of the lung should be treated, *à la* Dr. Sangrado, by copious blood-letting. His opponent held an opposite doctrine. This very question confronted me: I could not please one of my tormentors without offending the other. I was compelled to hedge on common sense to escape defeat, and answered boldly that, "to the best of my knowledge and belief, both methods had been eminently successful in Chinese surgery, and that if both gentlemen happened to be present on any battle-field where I was on duty (a very improbable hypothesis, as government pets are cautious animals), I would, by their authority, treat all traumatic affections of the Confederate lung both ways." This answer pleased the scientific jury, and I was acquitted of professional heresy, and commissioned to kill *secundum artem*, and to draw from the Confederate treasury one hundred and sixty-two dollars per month in a sort of infidel currency that knew not a redeemer.—From DR. MONTEIRO'S "War Reminiscences, by the Surgeon of Mosby's Command."

CAN this degenerate age show any specimen of "surgical enthusiasm" to match the following? Abernethy had been delivering a clinical lecture following a lithotomy, and, waxing eloquent with the interest of his subject, he finally burst forth: "Gentlemen! if there is no cutting for stone in heaven, I don't care to go there!"—*Vis Medicatrix.*

PPELIMINARY Announcement of the Programme for the Seventeenth Annual Session of the Mississippi Valley Medical Association, to be held in St. Louis, October 14, 15, and 16, 1891:—

1. "The Toxic Effect of Tobacco Vapor; with Report of Cases." W. Carroll Chapman, M.D., Louisville, Ky.

2. "The Management of Chronic Diseases." S. Baruch, M.D., New York, N. Y.

3. "The Ethics of Curing Consumption and other Chronic Diseases." John Ashburton Cutter, M.D., New York, N. Y.

4. "The Treatment of Typhoid Fever." Robert C. Kenner, M.D., Louisville, Ky.

5. "The Carbolates." William F. Waugh, M.D., Philadelphia, Pa.

6. "On Degenerative Processes in the Spinal Cord, Consequent upon Constitutional Diseases." Hugo Summa, M.D., St. Louis, Mo.

7. "Iliac Indigestion—Intestinal Dyspepsia—and its Treatment by Antiseptic Agents." Frank Woodbury, M.D., Philadelphia, Pa.

8. "The Influence of Graveyards on Public Health." J. W. Carhart, M.D., Lampasas, Texas.

9. "Rheumatism and Gout in their Casual Relation to Eczema; their Management." A. H. Ohmann-Dumesnil, M.D., St. Louis, Mo.

10. "The Value of Epilation as a Dermato-Therapeutic Measure." Joseph Zeissler, M.D., Chicago, Ill.

11. "Gradation of Lenses." Dudley S. Reynolds, M.D., Louisville, Ky.

12. "The Influence of Alcohol on Vision." Francis Dowling, M.D., Cincinnati, O.

13. "Tobacco and Insanity." Ludwig Bremer, M.D., St. Louis, Mo.

14. "The Present Aspect of Cerebral Surgery." Landon Carter Gray, M.D., New York, N. Y.

15. "Forensic Aspect of Bruises and Fractures in the Insane." J. G. Kiernan, M.D., Chicago, Ill.

16. "Amputation of the Scrotum, with Report of a Case." B. Merrill Ricketts, M.D., Cincinnati, O.

17. "Observation on Urethral Stricture." G. Erank Lydston, M.D., Chicago, Ill.

18. "The Mechanical Element in Treatment of Compound Fracture." Warren B. Outten, St. Louis, Mo.

19. "A Report of a Case of Retention of Urine caused by Multiple Urethral Calculi." J. V. Prewitt, M.D., West Point, Ky.

20. "Some Observations on Rectal Surgery in Europe." Leon Straus, M.D., Louisville, Ky.

21. "A New Method of Diagnosing Obstruction in the Sigmoid Flexure." Jos. M. Mathews, M.D., Louisville, Ky.

22. "Pathology and Surgical Treatment of the so-called Strumous Inguinal Lymphadenitis." L. T. Riesmeyer, M.D., St. Louis, Mo.

23. "The Treatment of Gonorrhœa." E. C. Underwood, M.D., Louisville, Ky.

24. "Extirpation of the Thyroid, with Report of Case." Emory Lamphear, M.D., Kansas City, Mo.

25. "Are Conservative Amputations always in the Interest of the Patient?" Charles Truax, Chicago, Ill.

26. "Sarcoma of the Dorso-Scapular Region—Operation—Recovery." George N. Lowe, M.D., Randall, Kansas.

27. "Mouth Breathing." Eric E. Sattler, M.D., Cincinnati, Ohio.

28. "Empyema of the Superior Maxillary Antrum, with only Nasal Symptoms." Hal Foster, M.D., Kansas City, Mo

29. "A Superior Remedy for Nasal Catarrh; Campho-Menthol." Seth S. Bishop, M.D., Chicago, Ill.

30. "A Case of Reflex Aphonia: Demonstrated to be due to Pressure of the Middle Turbinated Against the Septum Nasi." Hanau W. Loeb, M.D., St. Louis, Mo.

31. "Importance of Recognizing a Temporary Rachitic Condition in Infants." John A. Larabee, M.D., Louisville, Ky.

32. "A Pathological Study of Pelvic Inflammation in Women." Wm. Warren Potter, M.D., Buffalo, N.Y.

33. "Observation on the Management of Uterine Tumors." Chas. A. L. Reed, M.D., Cincinnati, O.

34. "Complications Following Abdominal Section." Rufus B. Hall, M.D., Cincinnati, O.

35. "Obstetric Dispensaries; their Management." L. A. Berger, M.D., Kansas City, Mo.

36. "Surgical Treatment of Peritonitis." A. V. L. Brokaw, M.D., St. Louis, Mo.

37. "Temperature no Guide in Peritonitis." H. C. Dalton, M D., St. Louis, Mo.

38. "Some Monstrosities at and after Birth." David S. Booth, M.D., Belleville, Ill.

39. "Oöphorectomy *vs.* Donothingism." Willis P. King, M.D., Kansas City, Mo.

40. "A Successful Gastrostomy for Impermeable Stricture of the Cardiac End of the Œsophagus; Subsequent Dilatation of the Strictures." Arch. Dixon M.D., Henderson, Ky.

41. "The Nervous Equation of Pelvic Inflammation." Geo. F. Hulbert, M.D., St. Louis, Mo.

42. "Hysterectomy for Cancer." J. M. Richmond, M.D., St. Joseph, Mo.

43. "The Application of the Obstetrical Forceps." John Bartlett, M.D., Chicago, Ill.

44. "Appendicitis." W. H. Link, M.D., Petersburg, Ind.

45. "Phthisis; Beginning its Treatment." Edward F. Wells, M.D., Chicago, Ill.

46. "The Hydrotherapy in Typhoid Fever." H. H. Middlekamp, M.D., Warrenton, Mo.

47. "Hystero-Epilepsy." Howell T. Perching, M.D., Denver, Col.

48. "Importance of Definite Strength in Mineral Waters." George F. Hulbert, M.D., St. Louis, Mo.

49. "The Time and Place for Stimulants." Chas. H. Hughes, M.D.

Regular classified programme will be issued and sent to members and the profession generally at an early date. Titles of papers must be sent to Chairman of Committee of Arrangements before October 5, 1891.—I. N. Love, M.D., Chairman Committee of Arrangements, Grand and Lindell Avenues, St. Louis. E. S. McKee, M.D., Secretary. C. H. Hughes, M.D., President.

*Tupper*—"I hear that the doctor has forbidden you to drink any whisky."

*Gulper*—"No; but he says I must only take a drink after I have been bathing."

*Tupper*—"Oh, that's not so bad."

*Gulper*—"No n-no, not so very bad; but when a fellow comes to taking twenty or thirty baths every day, it gets tiresome."—*Ex.*

Menstrual Oddity.—Dr. T. Marion Dunagan, of Kerens, Tex., reports the following case: Frankie C., colored, mother of ten children, and another *in utero*, assured me that she never menstruated in her life, and was 19 years old and the mother of two children before she knew that such a phenomenon was characteristic with woman (for such ignorance, she being a simple member of her race is fully accountable). She is an unusually stout and healthy woman, does hard labor constantly for her living, and the only inconvenience she experiences is an occasional "swimming in the head," which does not trouble her enough to notice.

Such an oddity, besides being an *oddity*, is interesting from the fact that it proves conclusively that *menstruation* and *ovulation* are not essential to nor dependent upon each other.—*Archives of Gynæcology.*

Warum ich Nicht Mehr Vegetarisch Lebe.—Such is the title of an article containing the renunciation of Dr. Alanus, sent to the Rhenish Courier. He says:—

"Having lived for a long time as a vegetarian without feeling any better or worse than formerly with mixed food, I made one day the disagreeable discovery that my arteries began to show signs of atheromatous degeneration. Par-

ticularly in the temporal and radial arteries this morbid process was unmistakable. Being still under 40, I could not interpret this symptom as a manifestation of old age, and being, furthermore, not addicted to drink, I was utterly unable to explain the matter. I turned it over and over in my mind without finding a solution of the enigma. I, however, found the explanation quite accidentally in a work of that excellent physician, Dr. E. Monin, of Paris. The following is the verbal translation of the passage in question: In order to continue the criticism of vegetarianism, we must not ignore the work of the late lamented Gubler on the influence of a vegetable diet on the chalky degeneration of the arteries. Vegetable food, richer in mineral salts than that of animal origin, introduces more mineral salts into the blood. Raymond has observed numerous cases of atheroma in a monastery of vegetarian friars, amongst others that of the prior, a man scarcely 32 years old, whose arteries were already considerably indurated. The naval surgeon, Treille, has seen numerous cases of atheromatous degeneration in Bombay and Calcutta, where many people live exclusively on rice. A vegetable diet, therefore, ruins the blood-vessels and makes prematurely old, if it is true that man is as old as his arteries. It must produce at the same time tartar, the senile arch of the cornea, and phosphaturia. Having unfortunately seen these newest results of medical investigation confirmed by my own case, I have, as a matter of course, returned to a mixed diet. I can no longer consider purely vegetable food as the normal diet of man, but only as a curative method, which is of the greatest service in various morbid states. Some patients may follow this diet for weeks and months, but it is not adapted for everybody's continued use. It is the same as with the starvation cure, which cures some patients, but is not fit to be used continually by the healthy. I have become richer by one experience, which has shown me that a single brutal fact can knock down the most beautiful theoretical structure."—*Med. and Surg. Rep.*

THE WILL OF DR. FORDYCE BARKER.—By the will of the late Dr. Fordyce Barker, the New York Academy of Medicine is to receive all the works in his library relating to obstetrics, gynæcology, and the diseases of children.

IT appears that even von Burguran, who was one of the most ardent advocates of the Koch treatment, has now wholly discarded it, and, from the free manner in which I saw the mercurial oleates employed in these lupus patients, it would seem a question which was effecting the cure, the mercury or the lymph?—DR. THOS. H. MANLEY, Berlin letter in *Med. and Surg. Rep.*

PRE-COLUMBIAN SYPHILIS.—The growing prospect of a world's fair in 1892 or 1893 arouses an especial interest in things Columbian and pre-Columbian. Possibly among the latter may be classed syphilis. Dr. James Nevins Hyde discusses the question in the American Journal of Medical Sciences, and the discussion will, we trust, be continued. America has heretofore accepted too readily the dubious compliment of having bestowed upon civilization the *grosse vérole*. When one recalls what a sty of licentiousness and filth Europe was in the fifteenth century, it seems much easier to suppose that syphilis was bred there than that it was imported. Dr. Hyde, however, takes up mainly the question whether the North American Indians of pre-Columbian times left any bones which show evident syphilitic lesions. A good many so-called pre-historic bones showing signs of so-called syphilis have been collected; but it has been shown that many of the rêmains in the Indian mounds and caves are not pre-historic. Then, so far as the lesions are concerned, it appears to us from the evidence presented that none of them are plainly the results of syphilis. Dr Hyde reports in detail the results of a microscopical study of two tibiæ from Colorado, made by Dr. T. M. Prudden. These showed the presence of a chronic rarefying and formative osteitis and chronic formative periostitis,—changes which might be of syphilitic origin, but much more likely were not.

So far as the bones have yet told the story, there was no pre-Columbian syphilis.

Its presence will have to be established by further bony studies, as well as by historical and perhaps philological investigations.—*N. Y. Med. Record; Jour. Amer. Med. Association.*

THE Paris Faculty of Medicine registered 4000 students during the last academic year.

NAUWELAERS reports a case of poisoning by bromoform (alcohol and bromoform, equal parts, 2 drops eight times daily), in an infant, 15 months old, affected with whooping-cough. The phenomena of intoxication were: profound stupor, pallor, coldness of the surface, complete muscular relaxation, tracheal râles, great feebleness of the circulation and of respiration, contraction and insensibility of the pupils, and insensibility of the cornea. The necropsy revealed slight congestion of the brain, intense congestion of the stomach and especially of the duodenum, and an increased amount of fluid in the bronchi.—*Jour. de Médecine; Pacific Record.*

DR. DANIEL G. BRINTON.—Dr. Brinton, so long known for his surgical work and his former connection with the Philadelphia Medical and Surgical Reporter, has received the degree of LL.D. from the Jefferson Medical College, in recognition of his researches on anthropology and ethnology.

THERE is more than one leper to every 5000 of the population in the vale of Kashmir. The number of inhabitants is only half a million.

ALBERT A. GHRISKEY, M.D., Assistant in Gynæcology in the Johns Hopkins Hospital, has been appointed Assistant in Bacteriology in the Hygienic Institute of the University of Pennsylvania.

HENRI A. LAFLEUR, M.D., Resident Physician of Johns Hopkins Hospital, has been appointed Assistant to the Chair of Practical and Clinical Medicine in McGill University, Montreal, Canada.

PASTEUR AND HYDROPHOBIA.—Many physicians still look upon Pasteur with suspicion. Possibly the following facts, recorded by Dr. Tomkins, of Leicester, England, in the London Lancet, may serve to allay such feeling:—

"On the same day, a stray dog bit two children, a man, and a dog. The stray dog was then killed and its spinal cord removed and taken to Pasteur, along with the three bitten patients. The bitten dog died of hydrophobia on the eighteenth day. Rabbits inoculated from the spinal cord of dog No. 1 died of hydrophobia. The human subjects, two of whom were badly lacerated, still are in perfect health at the end of twelve months. They remained under Pasteur's treatment from fourteen to twenty-five days."

THE Medical Record says Mexico has nine medical schools in each of which the course of study is six years.

THE RADICAL OPERATION FOR HERNIA IN THE ANTERIOR ABDOMINAL WALL.—Vulpius (Beiträge für Chirurgie, Bd. vii) divides the cases of umbilical hernia studied into the strangulated and non-strangulated variety. Sixty cases of the former are collected from the literature upon the subject, among which are two from the Heidelberg clinic, as well as eight cases of strangulated ventral hernia not to be classed as umbilical.

The high mortality (18.3 per cent.) of the operation in these strangulated cases is not to be attributed to the operation itself; non-strangulated cases furnish invaluable statistics in the study of the subject of operative interference. Seventy two cases of the non-strangulated class are collected, operated upon in the antiseptic period, and it is noteworthy that among these no fatal cases have occurred. This extraordinary result shows, according to Vulpius, how groundless is the fear, usually entertained by surgeons, of attacking this class of cases.

The following conclusions regarding the radical operation in these cases are arrived at: 1. The operation is indicated as an addendum to an early herniotomy of a strangulated hernia. 2. In cases in which, whether the hernial mass be reducible or irreducible, decided disturbances to the patient's comfort occur.

The operation itself consists of a ligature and excision of the sac and suture of the ring. A supporting bandage or truss-pad is to be subsequently worn.—*Brooklyn Med. Jour.*

RUPTURE OF THE GALL-BLADDER.—Lane (Lancet, May, 16, 1891,) reports a case which illustrates the influence which bile exerts upon the peritoneum when retained in a free state in a considerable quantity in the peritoneal cavity.

The patient, a lad of eighteen years old, was admitted into Guy's Hospital five weeks after having a violent blow in the upper part of the abdomen. For a day or two after the injury he suffered great pain, and his abdomen soon began to increase in size. This distension became so great as to finally render him unable to take food. The discomfort was so great that he could not lie on his back. Several times he vomited a dark-brown liquid. When admitted he appeared moribund. An incision was made below the umbilicus, and about three gallons of fluid, very deeply stained with bile, was removed. No irregularity or adhesion could be felt along the margin of the liver. The gall-bladder was empty. About a pint of deeply stained fluid escaped through the drainage-tube, but within twenty-four hours the discharge had ceased and the glass tube was removed. After the operation no fluid re-collected in the general peritoneal cavity, but a collection formed below the liver, which proved to be an adherent and distended gall-bladder, which was drained.

The important fact to be learned from this case is that a considerable quantity of bile may remain free in the abdomen for five weeks and produce no other symptom than a serous effusion, the deleterious influence of which appeared to be purely mechanical, as all discomfort disappeared at once and permanently with the removal of the mixture of bile and serum.—*N. Y. Med. Jour.; Memph. Jour. Med. Sci.*

NEW EDITORIAL STAFF OF JOURNAL OF BALNEOLOGY.—A. N. Bell, A.M., M.D., of Brooklyn; Frank Woodbury, A.M, M.D., of Philadelphia; and Geo. H. Rohé, M.D., of Baltimore, will in future conjointly direct the editorial department of this journal.

The well-earned reputation of these gentlemen is sufficient assurance that they will discuss with authority the subjects coming within the scope of this publication.

Drs. Bell and Rohé have long been prominently identified with the progress of sanitary science in this country, and as authors of important works on climatology, balneology, and hygiene. Dr. Woodbury is too well known as an accomplished medical editor and writer on dietetic subjects to require further introduction.

# BOOK REVIEWS.

*International Clinics:* A Quarterly of Clinical Lectures on Medicine, Surgery, Gynæcology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology, and Otology. By Professors and Lecturers in the leading Medical Colleges of the United States, Great Britain, and Canada. Edited by JOHN M. KEATING, M.D.; J. P. CROZER GRIFFITH, M.D.; J. MITCHELL BRUCE, M.D., F.R.C.P.; and DAVID W. FINLAY, M.D., F.R.C.P. July, 1891. Philadelphia: J. B. Lippincott Co.

The scope of this valuable work is fully described by its title. Beginning with an interesting memoir of Prof. Joseph Leidy, we notice among its contents lectures by Professor Pepper on Ulcerated Endocarditis; by Dr. J. C. Wilson, on Brand's method of treating typhoid fever by systematic cold bathing; by Arthur Ernest Sansom, on Pathology of Angina Pectoris; by Prof. J. M. Anders, on Lead Poisoning; by Prof. P. S. Conner, on Stab Wounds of the Chest; by Professor Thad. A. Reamy, on Ovarian and Tubal Disease; by Prof. E. E. Montgomery, on Uterine Myomata; by Prof. James K. Thatcher, on Tabes Dorsalis; by Prof. F. T. Miles, on Bell's Paralysis; by Prof. Howell T. Pershing, on Disseminating Sclerosis following Syphilis, etc. We cannot enumerate the titles of all the lectures, nor is it necessary. They are all by acknowledged masters, and cannot fail to command an extensive sale for the work in which they are contained. A number of plates and figures illustrate the text.

*A Short Manual of Analytical Chemistry, Qualitative and Quantitative, Inorganic and Organic.* Arranged on the Principle of the Cause of Instruction given at the South London School of Pharmacy, By JOHN MUTER, M.A., Ph.D., F.R.S.E., F.I.C., F.C.S. First American from the Fourth English Edition. Edited by CLAUDE C. HAMILTON, M.D., Ph.G. Philadelphia: P. Blakiston, Son & Co., 1891,

This is an excellent work upon the subject of which it treats. The processes employed for the detection of the metals are concisely detailed, and the processes given for the detection and separation of acidulous radicals. Chapter IV describes the methods of Qualitative Analysis as applied to the detection of unknown salts. The detection of alkaloids, glucosides, and certain organic bodies used in medicine is the subject of a chapter of much interest to physicians. The processes employed in Quantitative Analysis are fully described in Part II. The closing chapters treat of Special Processes for the Analysis of Water, Air, and Food, and of the Analysis of Drugs, Urine, and Urinary Calculi. The original text has been modified, in order to accord with the U. S. Pharmacopœia and the American editor has added processes relative to the estimation of fat in milk, the quantitative estimation of various ingredients of urine, estimation of chloral hydrate, etc.

*Practical Intestinal Surgery.* By FRED. B. ROBINSON, B.S., M.D., Professor of Anatomy and Clinical Surgery, Toledo Medical School, Toledo, Ohio. Volume II. Detroit: George S. Davis, 1891. Physicians' Leisure Library.

This volume contains an account of numerous experiments made by the author upon such practical subjects as gastro-enterostomy, the patency of the ileo-cæcal valve, intestinal obstruction, gunshot wounds of the intestines, etc. The author sums up his results in a number of Concluding Propositions, and the book finishes with an appendix and a number of graphic illustrations.

*Syllabus of the Obstetrical Lectures in the Medical Department of the University of Pennsylvania.* By RICHARD C. NORRIS, A.M., M D., Demonstrator of Obstetrics, University of Pennsylvania, etc. Second edition. Philadelphia: W. B. Saunders, 1891.

A compendious outline of the lectures of Professor Hirst. This book is so arranged that it does not excuse the student from uninterrupted attendance on the lectures of the course. It presents, however, a more full and exact representation of the teachings from the chair than can be gained by hurried notes taken in the lecture-room. That it has been found of service is attested by the fact that a second edition has been so soon demanded.

*A Compend of Human Physiology, especially adapted for the use of Medical Students.* By ALBERT P. BRUBAKER, A.M., M.D., Demonstrator of Physiology in the Jefferson Medical College, etc. Sixth edition, revised and improved. With new illustrations and a Table of Physiological Constants. Philadelphia: P. Blakiston, Son & Co., 1891.

Dr. Brubaker's book is decidedly one of the best examples of the class to which it belongs. The care and accuracy of the author, as well as his experience in teaching, is a guaranty of the quality of the text. As far as it is possible, the author has succeeded in compressing the main doctrines of so complicated a subject into a small hand-book.

## CURRENT MEDICAL LITERATURE

Dixon on Inoculation for Tuberculosis.

The Methodist Episcopal Hospital in the City of Philadelphia.

The Colonization of Epileptics. By Frederick Peterson, M.D.

Abstract of Sanitary Reports. Washington, D. C., August 21, 1891.

Abstract of Sanitary Reports. Washington, D. C., August 28, 1891.

Abstract of Sanitary Reports. Washington, D. C., September 4, 1891.

Abstract of Sanitary Reports. Washington, D. C., September 11, 1891.

Paranoia in Two Sisters. By Frederick Peterson, M.D., New York City.

Enucleation of Tuberculous Glands. By Thos. W. Kay, M.D., Scranton, Pa.

Fifth Annual Report of the Association of Jewish Immigrants of Philadelphia.

Population of the United States by States and Territories: 1890. Census Bulletin.

The Treatment and Cure of Rheumatism, Gout, Lumbago, etc. By Chas. W. Brown, M.D.

Boston University School of Medicine. Eighteenth Annual Announcement and Catalogue.

Second Report of the Superintendent of the Johns Hopkins Hospital, for the year ending January 31, 1891.

Report and Recommendations Concerning Sanitary and Quarantine Regulations in Commerce with the American Republics.

Prospectus of the St. Louis College of Pharmacy. Twenty-sixth Annual Session, from October 12, 1891, to March 25, 1892.

Imperforate Auditory Canals. By Seth S. Bishop, M.D., Surgeon to the Illinois Charitable Eye and Ear Infirmary, Chicago, Ill.

A Paper on Kraurosis Vulvæ. By A. H. Ohmann-Dumesnil, Professor of Dermatology, St. Louis College of Physicians and Surgeons.

Artificial Modifications of Climate. By Samuel Wolfe, M.D., of Philadelphia, Professor of Physiology in the Medico-Chirurgical College.

An Unusual Case of Atrophy of the Skin. By A. H. Ohmann-Dumesnil, Professor of Dermatology, St. Louis College of Physicians and Surgeons.

The Early Detection of Pulmonary Consumption. By William B. Canfield, A.M., M.D., of Baltimore, Chief of Chest Clinic, University of Maryland.

University Medical Magazine. Edited under the auspices of the Alumni and Faculty of Medicine of the University of Pennsylvania. December, 1890.

A Road-Help for the Country Doctor. By Samuel O. L. Potter, A.M., M.D. (Jeff.), Professor of Principles and Practice of Medicine in the Cooper Medical College, of San Francisco.

Feeding in the Wasting Diseases. By Ephraim Cutter, A.M., LL.D., M.D. Harvard, 1856, and University of Pennsylvania, 1857; and John Ashburton Cutter, M.D., B.Sc., F.S Sc., of New York City.

Report of the Committee on Practice of Medicine. By J. M. G. Carter, M.D., Sc.D., Ph.D., Chairman, Waukegan. Read before the Chicago Meeting of the Illinois State Medical Society, May 6, 1890.

Report of Two Cases of Uterine Fibroid and One of Stricture of the Rectum. Treated by Electrolysis and Surgically. Also, Presentation of Specimen of Dermoid Cyst. By J. B. Greene, M.D., Mishawaka, Ind.

Therapeutics of Diphtheria. By Dr. Joseph Burghardt, Practicing Physician in Vienna. From a Lecture delivered at the Meeting of the Council of Vienna Physicians, April 8, 1889. Translated by Charles Raetting.

Some Complications of Chronic Endarteritis. By William Buckingham Canfield, A.M., M.D., Fellow of the American Academy of Medicine; Chief of Clinic for Throat and Chest Diseases, University of Maryland, Baltimore.

Fundamental Anatomico-Mechanical Considerations Underlying the Successful Treatment of Deformities, Diseases, and Weaknesses of the Spine, by Means of a New, Efficient, Comfortable, Inconspicuous, and Elegant Corset. By Milton Josiah Roberts, M.D.

Removal of Tonsillar Hypertrophy by Electro-Cautery Dissection. By Edwin Pynchon, M.D., Instructor in Rhinology and Laryngology in the Chicago Post-Graduate Medical School, and Lecturer on Diseases of the Nose and Throat and their Relationship to the Teeth at the U. S. Dental College of Chicago.

Influence of Heredity in Producing Disease and Degeneracy: the Remedy. Insanity, Inebriety, Crime, and Pauperism Considered as Physical Diseases. Acquired Physical Conditions Transmitted to Offspring. An Unprejudiced Discussion of the Alcohol Question. All Sin Reduced to a Physical Basis. An Address delivered before the Indiana State Medical Society, June 10, 1891. By Gonzalva C. Smythe, A.M., M.D., of Greencastle, Ind., President of the Society.

## COMMERCIAL NEWS.

IT IS A FACT THAT BUT ONE PAPER IN NINETEEN HAS FURNISHED SUCH A STRAIGHT-OUT STATEMENT OF ACTUAL ISSUES AS YOU HAVE.

GEO. P. ROWELL & CO.

NEW YORK, May 20, 1891.

### IN SEVERE CASES OF TYPHOID.

Strümpell's Text-book, referring to diet in treatment of typhoid fever, says: "Milk is excellent and should be ordered, but will unfortunately not be taken continuously. In severe cases, Nestlé's Milk Food (Kindermehl) has been often employed by us with benefit."—(Edition 1888, page 20). This extract from one of the best and latest text-books, in use at Harvard, Johns Hopkins, and Columbia Medical Colleges, will be appreciated by the profession at large. Nestlé's Food is easily digested, causes no irritation, and is very nourishing, hence it is of special value in typhoid. Sample sent on application to Thos. Leeming & Co., New York.

### IMPOTENCY AND SPERMATORRHŒA.

Having a large practice in the treatment of the above-named diseases,—impaired sexual vigor,—I frequently would find in some of the most inveterate cases, after having restored them to their youthful vigor and manhood, a peculiar neurasthenia, due, undoubtedly, to reflex nerve irritation, which I was unable to control until I gave the preparation *Neurosine*, which was recommended to me by a professional brother, a trial, and I must unhesitatingly say its action was almost magical in relieving some of my worst cases of nervous prostration, and I am confident that it is almost a specific in treating loss of sexual appetite and spermatorrhœa; any case of that kind can be quickly and permanently cured, and if the preparation and results continue so highly satisfactory I shall prescribe it in the future in preference to all preparations for neurotic troubles that I have ever used.

AMBROSE PAGE, M.D.

RUSHMORE, OHIO.

"ANTIKAMNIA CHEMICAL CO., ST. LOUIS, MO.

"*Gentlemen:*—In the characteristic and excruciating frontal headache accompanying influenza, I immediately prescribe Antikamnia in five- or six-grain doses, repeated once in one or two hours, with the happiest results. I have learned to look upon it as almost a specific in counteracting this form of pain."

The above is an extract from an article on Influenza, read by me before the Stark County Academy of Medicine, at Canton, O., September 1, 1891.

Very respectfully,

D. S. GARDNER, M.D.

MASSILLON, OHIO, September, 14, 1891.

### AVENA SATIVA.

Tinct. Avena Sativa (Keith). This admirable preparation has had the confidence of many leading physicians for years. It certainly seems to be a combined neuro-sedative tonic, and in cases of heat exhaustion it is a decided pickup. It seems to sustain the nervous system after a prolonged debauch, and many are the testimonials of the narcomaniacs who have practically tested it.—*Jour. of Nervous and Mental Diseases.*

### LUMBAGO.

A valuable internal remedy:—

℞ Ext. cimicifugæ fl., . . 1 oz.
Celerina [Rio], . . . 7 oz.

M. Sig.: Teaspoonful every four hours.

Alex. M. Bligh, M.R.C.S. Eng., etc., Liverpool, England, says: "S. H. Kennedy's Extract of Pinus Canadensis is an invaluable remedy for most diseases of the mucous surfaces, especially of the throat, and indeed the whole intestinal mucous membrane. In throat affections, relaxed uvula, chronic laryngitis, assuming the form of aphonia clericorium, to which teachers, singers, and clergymen are subject, I have found its administration, both internally and as a gargle, most useful. I have considerable experience of its efficacy in clergymen, and find it invaluable in neurosis of larynx."

### PAPINE.

Dr. N. M. Gray, of Allegheny, Pa., says: "I have tried Papine in two cases, and with the best effects. Both were cases of children from one to three years old, and both so complicated with cerebral trouble that I feared to use opium or any of its preparations, and yet I wished for an anodyne to control some very marked symptoms. So I tried the Papine, and am happy to say that it had the desired effect, without any of the unpleasant consequences so often following the use of the drug in any form I have heretofore used. I think it an excellent preparation for that class of diseases, and intend to use it hereafter."

### ALE AND BEEF PEPTONIZED.

It is truly astonishing how rapidly this article, brought out by the suggestion of the world-renowned Fothergill, has grown into the good will and favor of the medical profession throughout our land. Physicians inform us that the article is of great value to nursing mothers, is most useful during the period of gestation, as it is not only strengthening to the digestive organs, but allays the vomiting that affects so many. The *Ale and Beef* is endorsed by so many of the most eminent among the medical profession, that it is with pleasure we call particular attention of our readers to the article.—*The Dietetic Gazette.*